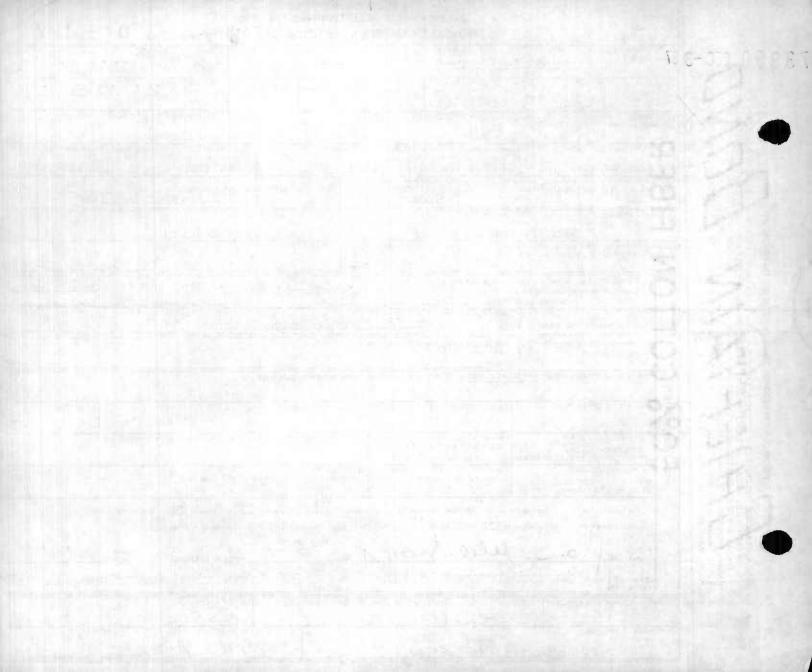
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR PECEASED NAME 20. DATE KNOWN XX MONTH STYPE OF PRINTI 2:08 Frederick Carl Adams DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR. 4. RACE DATE OF BIRTH SEX IF UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED 01-27-1911 white male 76 YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY USA WV WIDOWED DIVORCED Allegany I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK O. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
retired OR INDUSTRY Cumberland Sacred Heart Hospital Railroad SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany 315 Avirett Ave/21502 Cresaptown YES X 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE Seth T. Adams Mary Hedrick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT DIVISION 1934 214-05-4045 yes Mrs. Catherine Adams, Cresaptown, MD-wif 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH Myocardial Infarction PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 80 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE TOKW TO FUNERAL DIRECTOR: P) AFTER DEATH, WITH THE ST, BALFIMORE, MARYLAND, 2 Inspection XX 220. I certify that I took charge of the remains described above, held an Suicide Hamicide Undetermined manner Deputy 11/20/87 MEDICAL EXAMINER EXAMINER'S NAMEGIOVANNI Mastrangelo M.D. 900 Seton Drive, Cumberland, Md. 2150 (TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 11-23-1987 Sunset Memorial Park Cumberland 07/84 ark | Cumberland Allegany | 250. DATE REC'D. BY REGISTRAR | 250. REGISTRAR'S STGNATURE 25M 24 FUNERAL DIRECTOR **DHMH** - 17 James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



1	FOR BOAL	S FUNERAL HOME	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY		
74063 DEC-	3 B REGISTRAR LON	ACONING, MD	CERTIFICATE OF DEATH	B 7 REG. NO.	0 8 1 8
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11000	James	MIDDLE	Barbara	MIDDLE	McMillan
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072627 NOV DECEASED NAME 20 DATE KNOWN 76 HOUR LTYPE OR PRINTI ESTI-Douglas Anderson DEATH MATED 7/ 1987 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS PRONOUNCED White Aug 23, 1953 Male DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ELUN COUNTRY) Md. Allegany County, U.S.A. DIVORCED D. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OSPITAL NURSING HOME, OR OTHER INSTITUTION carpenter Cumberland Memorial Hospital LAL RESIDENCE LIF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rt 2 Box 52 Mineral W. Va. Keyser M FATHER'S NAME 15 MOTHER'S MAIDEN NAME Carder MIDDLE Ruth Carter Anderson Lvnnwood 17. INFORMANT ADDRESS 218 62 5968 Dianna J. Anderson Rt 2 Keyser, WVa 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Contact Shot Gun Wound of Chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARDED TO THE CHILL PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURIL YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING A OR 1987 self inflicted wound CONTRIBUTING CAUSE OF DEATH 71f. LOCATION AT WORK #2, Box 52, Keyser Rt. Autapsy ide X Undetermined monner TO MEDICAL EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALTAMORE MANY TITLE (SPECIFY) Chief 11/8/87 SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D. 111 Penn St., Balto., Md. 21201 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation 11-12-1987 Rosedale Funeral Chapel Martinsburg Berkeley 24 FUNERAL DIRECTOR **DHMH - 17** Keyser, W. Va. Allen Rotruck (VR A15 ME (5))

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O FP TAN 6	MEDICAL	21d. INJURY OCCURRED	21a. PLACE	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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009999		SPECIFY) Burial	12/02			c Mem. Gardens	CITY OF TOWN	Mil	neral	W. Va.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH BESTRAR DECEASED NAME 20. DATE KNOWN MONTH YEAR 7b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED [Nov. 16,19 87 MEASE OF FILES.

OR FILES.

N.7 HOURS Elmer Noah Baker 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED Male White 1904 Nov. 16, 1987 DEAD BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! USA Maryland Allegany WIDOWED X DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Frostburg Frostburg Retired-Coal Hospital Miner Comm. WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 Route 2, COUNTY 13d. INSIDE CITY LIMITS? Maryland Frostburg Box 575 Garrett YES . NO 14 FATHER'S NAME F. PAGES 1 AND 2 DIVISION OF VITA 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Phillip Baker Annie Miller 160, WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-01-7179 Judy Karalevicz - Sykesville. No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Anemia IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Hemolysis Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEAR DIRECTOR; RAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO AT WORK 22a. I certify that I taak charge of the remains described obove, held an and in my apinian Natural causes Homicide Undetermined monner Suicide SIGNATURE EXAMINER'S NAME Giovanni 900 Seton Drive, Cumberland, MD Mastrangelo 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Johnson Cemetery Frostburg, Nov. 18.87 Garrett. BP 24 FUNERAL DIRECTOR 256, REGISTRAR'S SIGNATURE **DHMH-17** aulia Divideon Randall John J. Hafer, Jr. (VR A15 ME (5) LaVale,

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		est Virgir	nia	U.SA.		WIDOWE	_	Allegany			MD.
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		Amos	,	S.	Benne	2++	May	G.	Dr.	rles	
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	[4]	ES, NO OR UNKNOWN) Yes	W.W.	WAR OR DATES)	217-14	-4877	Richard Shaw	- Cumborlar	ad Marriana	215	02
							INTCHALO SHAW	- Cullber rai	IG Mary Jane	ROXIMATE INTE	
		PART I. DEATH V	WAS CAUSED	BY	0120	IRATE	AN FAI	HIDE	BETWE	440 11	POEATH
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				DUE TO, O	RAS A CONSEC	LA SIAN	11111A		1/	WEZ	K
		Conditions, if an		(b)_	1/0	C-VIV	7010111				
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	z	PART 2 OTHER SIG	MIFICANIC	ONDITIONS C	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONT	OITION GIVEN IN PART	Ita	
	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN		
1	F							YES NOW	IN CERTIFYING CAUS	SES OF DEA	ATH?
9	ERT	210. ACCIDENT WAS U	NDERLYING	21b. TIME C	OF INJURY		21c. HOW INJURY OCCUR				
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		224 PHYSICIAN'S N	NAME (TYPE OF	PRINT BR	DK. 10	Шио	270 ADDRESS 955	FREDERICK ST	TREET /	(
		Dr. Anth	ony Bo	11ino			CUMB	ERLAND, MD	21502		
		URIAL, CREMATION	, REMOVAL	236 DATE	2	31 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE
		Burial		11-16-	-87 2	ion Mer	morial Park	Cumberland	1 - Allegan	y - 1	MD

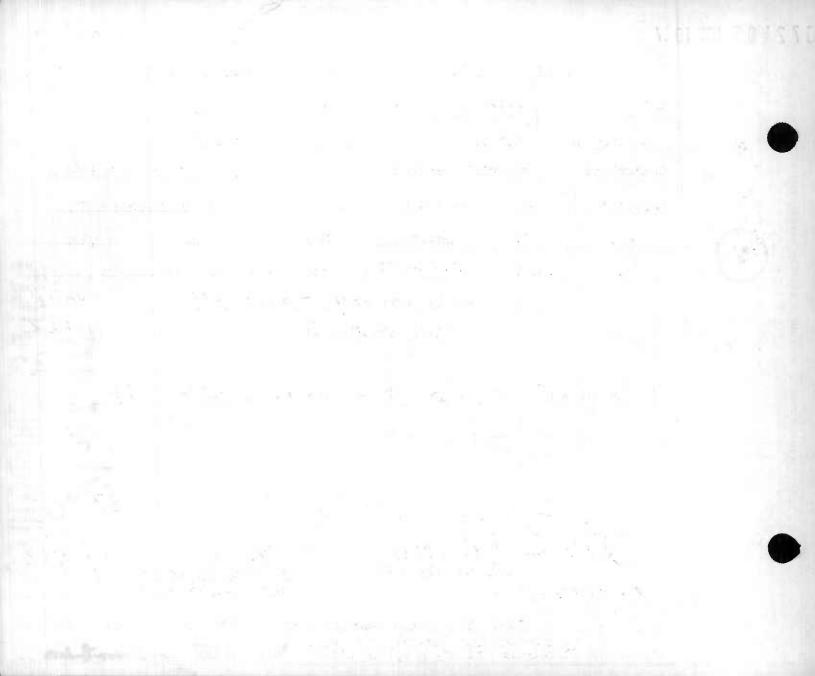
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should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

MPORTANT: If Item 21 is

O HOSPITAL OR ATTENDING PHYSICIAN: The low

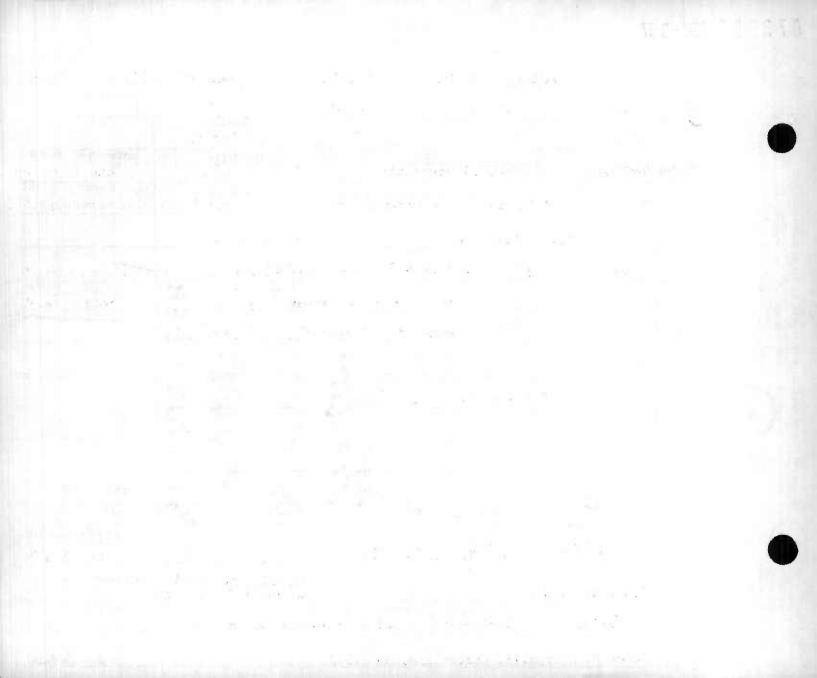
^{74 FUNERAL DIRECTOR} George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Maryland 21502



STATE OF MARYLAN

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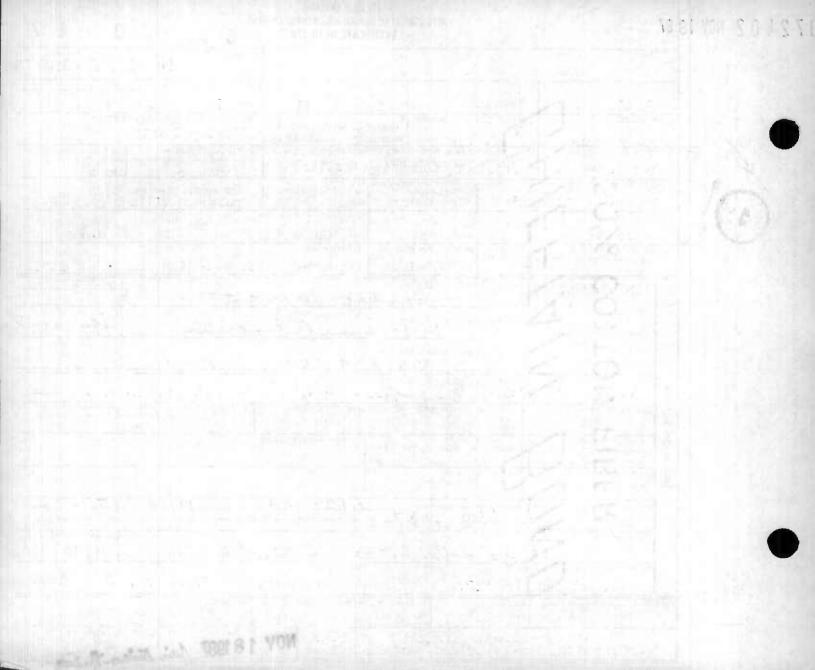
						OF MARYLAND			
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ter deoth		EASED NAME FIRST		WIOOFE	į.	.51	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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3		THPLACE (STATE OR FOREIGN DUNTRY) MD		OF WHAT COUNTR	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Allegany	TY OF DEATH	MD.
0		y or town of DEATH berland		OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STR DETAL HOSP		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING retired	GUFET INDUSTRY	of BUSINESS OR Sody Shop
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Duille	I4 FAT	THER'S NAME FIRST ROY	M. Bre	eighner		15. MOTHER'S MAIDEN NA FIRST Mary	C. Dove.	LAS	ī
medicol		AS DECEASED EVER IN U.S		ES? 166. SOCIAL SE		Mrs. Mary K	. Breighner, Cum	berland,	MD-wife
ny injury, ar other traumatic	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICA	DUE T		QUENCE OF	0	MINAL DISEASE OR CONDITION (GIVEN IN PART 10	
ced or Item 18 shares o	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	21b. TI	ME OF INJURY				RTIFYING CAUSES YES 18 PART OR PART 2)	OF DEATH?
Hem 18		OR CONTRIBUTING CAUSE O	PUCAIN	R A.M. MONTH P.M.	DAY YEAR	1,000			
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21 is morked		220.1 certify the (1)(this has sow the deceased alive above (1) (we did did	ospital) attend	A Company		3 , 19 Z	to		that (we) lost couses stated
IT. If Item		226. SIGNATURE	de 1	Sag-	u D	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE	SIGNED 15/87
IMPORTANT: H		Dr. Mark Sag		9			ial Hospital & 1 rland, MD 21502	Medical	Center
3 37		URIAL, CREMATION, REMO	4		3c NAME OF C	EMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
_		Burial	11	-18-1987	Rest1a	wn Memorial	Garden LaVale	Allegany	MD
A 7/B4	24 FU	NERAL DIRECTOR		ADORE:	is	25a. DA	TE REC'D. BY REGISTRAR 256 REG		
4)	1	James F. Sca	rpelli.	Cumberla	nd MD	21502	OV 23 1987 1	Dividen	P. Las



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER S CERTIFICATE OF DEATH REGISTRAR SECETSED NAME 20 DATE KNOWN 7b HOUR OF ESTI-LED N 72 HOURS TON STREET, 10 8 DEATH MATED 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED CNATE 13 32 52 YRS 20 40 MAKE 03 DEAD MERTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED DEVER MARRIED UNITED WIDOWED DIVORCED ALLEGANY IN CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS TAKEN TO P remozial Hespital EOPT OPER CELANESE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13d. INSIDE CITY LIMITS? 130-STREET ADDRESS 10× 13 15 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PEARL ALBERT BOX 13B MORESS SAVAGE. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT MRS. FLOYD L. BRIDGES, RT. 1. 214-28-6757 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY CARDIODULMONAZ IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which MY OCARDIPIL IN FARCTION gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID IFICATION ICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF MA TTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAM AND, 21201 PEIOR TO BURIAL, CI 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO F 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY III LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 27a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted from: Natural Chuses Homicide Undetermined manner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE ROCKY GAP VETERANS 07/84 25M So. D'ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR **DHMH - 17** (VR A15 ME (5)) FROSTBURG

THE TABLE TORKAR POLEN POLE IN SAVAGE, IT STAFF

O HOLL LO	67	FOR		DED A DTA		E OF MARYLAND EALTH AND MENTAL HYG	FAIF				
NOV 19	41-	FOR STATE REGISTRAR		DEFARIN	CERTIF	ICATE OF DEATH	8 KEG. N	o. 3	0	9 2	7
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万二	(RTHPLACE (STATE OF COUNTRY)		OF WHAT COUNTRY?	MARRIE E	DEVER MARRIED	Allegany	_	OF DEATH		MD
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恢	13a. S		RSING HOME OR OTHER INSTITU 136 COUNTY Allegany		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS Frostburg	ZIP CODE			2
1/1	_	THER'S NAME FIRST Herbert	WIDDLE	VanMete	77 V	15. MOTHER'S MAIDEN NA	ME MIDDLE	VIIIC		LAST	2
4-	16a. V		R IN U.S. ARMED FORCE			Catherin	ADDRI	ESS	H.	Ines	
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even		PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE (o	,	ande	ar arr	est				
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al, crematian, o ir Other trauma		Conditions, if on gove rise to in couse (a), stat underlying cous	y, which (b) nmediate (b) ning the DUE TO), OR AS A CONSEQUE), OR AS A CONSEQUE	foce	usual In	farction 2 Di fras	Le	fo	in m	ninul
ry, or	IION	gove rise to in couse (a), state underlying couse PART 2 OTHER SIG	y, which mediate ing the lost. (c) GNIFICANT CONDITION	D, OR AS A CONSEQUE S CONTRIBUTING TO E	FOCE ENCE OF OEATH BUT THE STATE OF	any Carlin NOTKELATED TO THE TERM IN Al Their	was , Pet	Le DITION GIVE	lear a	Sign	
ene prior to burior	RTIFICATION	gove rise to in couse (o), stot underlying couse PART 2 OTHER SIC School 19a. DATE OF OPER.	y, which mediate fing the se lost. (c) SNIFICANT CONDITION CO P D ATION 196 CO	O, OR AS A CONSEQUE S CONTRIBUTING TO D WHICH	FOCE ENCE OF OEATH BUT THE STATE OF	N WAS PERFORMED	200. AUTOPSY? YES NOX	20b. IF YES, IN CERTIFY	WERE FIN	DINGS U SES OF DE NO	SED
Hem 18 shows any injury, ar	ICAL CERTIFICATION	gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b), statunderlying couse (b), statunderlying (c), s	y, which mediate ing the lost. GNIFICANT CONDITION ATION DOERLYING 21b. TIM HOUR DICALEXAMINER)	D, OR AS A CONSEQUE S CONTRIBUTING TO D UNDITION FOR WHICH AE OF INJURY A.M. MONTH DA P.M.	FOCE NOTE OF NOTE DEATH BUT OPERATION	N WAS PERFORMED 216. HOW INJURY OCCUR	200. AUTOPSY? YES NOX	20b. IF YES, IN CERTIFY	WERE FIN	DINGS U SES OF DE NO	SED EATH?
tem 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to in couse (o), statunderlying couse (o), statunderlying couse (o), statunderlying couse (o), and (o	y, which mediate fing the se lost. GNIFICANT CONDITION ATION DERLYING 196 CO NDERLYING 216 TIM HOUR DICAL EXAMINER) RRED 21e, PLA (AT HOM	D, OR AS A CONSEQUE S CONTRIBUTING TO D NOTION FOR WHICH AE OF INJURY A.M. MONTH DA	DEATH BUT OF RATION	N WAS PERFORMED	200. AUTOPSY? YES NOX	20b. IF YES, IN CERTIFY YES	WERE FIN	DINGS U SES OF DE NO	SED EATH?
al Hygiene prior to burial		gove rise to in couse (a), statunderlying couse (b), statunderlying couse (b), statunderlying couse (c), statunderlying (c), s	y, which mediate fing the se lost. GNIFICANT CONDITION ATION 196 CO NDERLYING 196 CO ADDICAL EXAMINER) RRED 216. PLA RRED 216. PLA GORK 11 HOM ORK 12 (this hospital) attended	S CONTRIBUTING TO DE CONTRIBUTION FOR WHICH AMM. MONTH DA P.M. CE OF INJURY E. STREET, FACTORY, OFFICE, F.) If the deceosed from 19.00	DEATH BUT OF RATION AY YEAR 19 ARM. ETC.)	21c. HOW INJURY OCCUR	200. AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR TO	200. IF YES, IN CERTIFY YES	WERE FIN YING CAU S ART I OR PART	Di GU IDINGS U SES OF DE NO 2)	SED EATH?
e Dept. of Health and Mental Hygiene prior to burial If Hem 21 is marked or Hem-18 shows any injury, or		gove rise to in couse (0), statunderlying couse (1), statunderlying couse (1), statunderlying couse (1), and (1	y, which mediate ing the best of the property	S CONTRIBUTING TO DE CONTRIBUTION FOR WHICH AMM. MONTH DA P.M. CE OF INJURY E. STREET, FACTORY, OFFICE, F.) If the deceosed from 19.00	DEATH BUT OPERATION AY YEAR 19 ARM. ETC.)	216. HOW INJURY OCCUR 211. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200. AUTOPSY? YES NO X RED (ENTER NATURE OF INJU CITY OR TO	206. IF YES, IN CERTIFY YES	COUNTY COUNTY Ond from	Di GU IDINGS U SES OF DE NO 2)	SED EATH? STATE STATE (we) lost
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e Dept. of Health and Mental Hygiene prior to burial if Hem 21 is marked or Hem-18 shows any injury, or	WEDICAL	gove rise to in couse (a), statunderlying couse (b), statunderlying couse (c). PART 2 OTHER SIC School (c)	y, which inmediate fing the se lost. GNIFICANT CONDITION ATION IPP CO NDERLYING 196 CO NDERLYING 216. TIM HOUR DICAL EXAMINER) RRED 216. PLA (AT HOM HOUR DICAL EXAMINER) I) (this hospital) attende ased alive an addid) idual accessiview the bear all Sandhir, N, REMOVAL 236. DATE	D, OR AS A CONSEQUE S CONTRIBUTING TO DE S CONTRIBUTING TO DE S CONTRIBUTING TO DE NAME OF INJURY A.M. MONTH DA P.M. ICE OF INJURY E STREET, FACTORY, OFFICE, FACTORY, O	DEATH BUT OPERATION AY YEAR 19 ARM. ETC)	211. LOCATION STREET 211. LOCATION STREET d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [1]	200. AUTOPSY? YES NO M RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC CITY OR TOWN 23d LOCATION CITY OR TOWN	20b. IF YES IN CERTIFY YES OWN	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	Dings under Signal Arter Signal	SED EATH? STATE STATE STATE

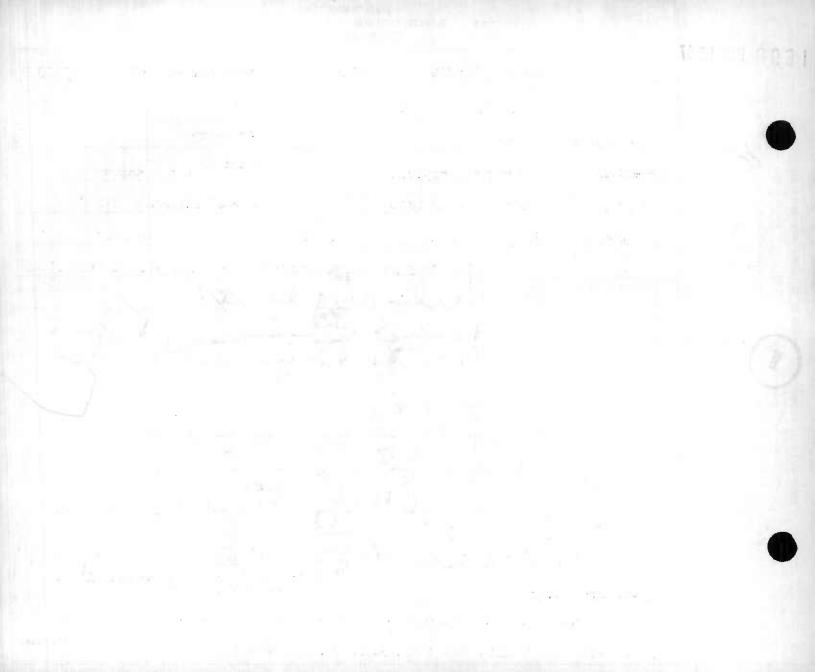


SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND NO

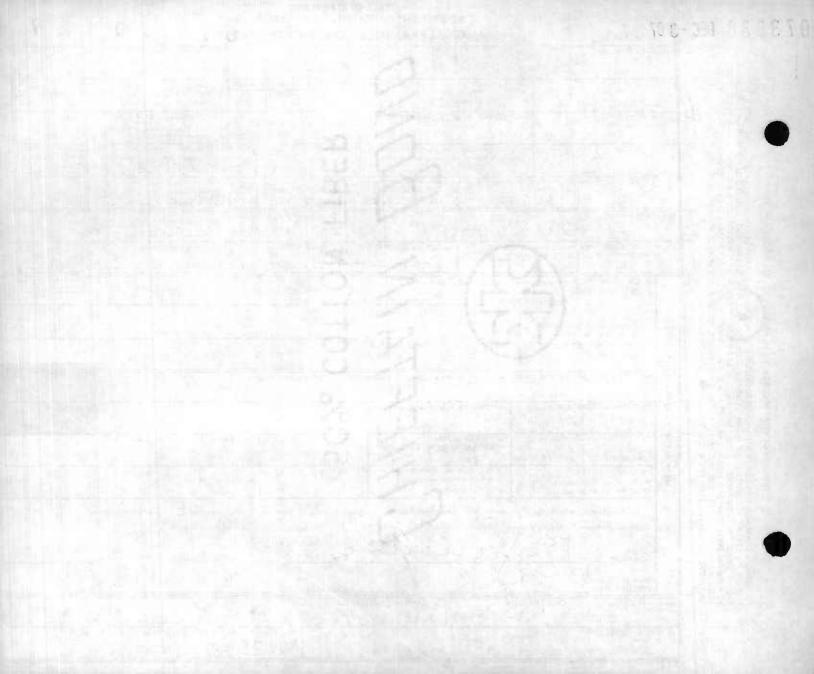
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 073938 DEC - 38 TATE REG NO . DECEASED NAME O DATE KNOWN TE MONTH DAY (TYPE OR PRINT) Dolores Burger Ann DEATH MATED 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE VEAD LAST BIRTHDAY) PRONOUNCED female 03-18-1933 white 54 YRS DEAD Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany County MD USA WIDOWED DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 109 Polk Street Cumberland former employee Telephone Co ASUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland 109 Polk Street / 21502 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Curtis V. Burger Lovie Nicholson 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 236-48-3340 Mrs. Mary Lee Gaumer, Fort Ashby, WV no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fatty change of the liver DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESX NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME III. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, FTC) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Inspection death resulted from Hamicide Undetermined manner PAGE 4 SHOULD TO FUNERAL DII AFTER DEATH BANTINONE, MA TITLE (SPECIFY) ACTUAL 11-22-87 Chief SIGNATURE MEDICAL EXAMINER SIGNED. 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME John E. Smialek, M.D. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Fort Ashby Cemetery Burial 11-24-1987 Fort Ashby WV Mineral 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR BITPE OR PRINT ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR FOR YOUR FILES. D WITHIN 72 HOURS Claude 10 87 Μ. Cage DEATH MATED 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED Feb. 3, 1907 80 DEAD Male White YRS Nov. TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED DIVORCED Allegany ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Fourth St. Cumberland Retired Mech. Helper Railroad USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITED 13e. STREET ADDRESS 21502 Allegany Cumberland YES 3 NO [] 12 Fourth St Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles W. Cage Annie V. Williams 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT 705-09-9992 Mr. Charles E. Cage, Cumberland, Md. Son War II-Navv CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PARTI DEATH WAS CAUSED BY: Carcinoma of Larynx BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 7D AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST
BALLIMORE, MARYLAND, 2 Inspection X 220. I certify that I taak charge of the remains described above, held an Autapsy Inquiry X and in my apinion death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 11-23-87 SIGNATURE MEDICAL EXAMINER rancisco Reyes EXAMINER'S NAME 900 Seton Drive, Cumberland, Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 1236. DATE 73c NAME OF CEMETERY OR CREMATORY Burial Sunset Memorial Park 11-27-87 Cumberland. Allegany, Md. BP 24 FUNERAL DIRECTOR Cumberland. Md. NAME James F Scarpelliporess **DHMH-17** 108 Virginia Ave. (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH TYPE OR PRINTI 1987 November 17. Bessie W. Chapman 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Female White August 10,1905 BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Allegany WIDOWED DIVORCED [0 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR INDUSTRY Frostburg Frostburg Nursing Home Housewife Own Home 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS legany Midlothian P.O. Box 623, 21543 Maryland YES X IS MOTHER'S MAIDEN NAME Willetts Julia Skidmore Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) No Mrs. Delores Spitznas, Frostburg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (qi, (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 220.1 certify that/(1) (this haspital) attended the deceased from_ __, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (1) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME HYPE OF PRINT 22e ADDRESS should be George M. Breza . M.D. 912 Seton Dr. Cumberland, Md. 230 BURIAL CREMATION REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Frostburg Mem. Pk. Frostburg, Burial DHMH-16 30M 2/80 Durst Funeral Home, Frostburg, Md. (VRA 15, 4)

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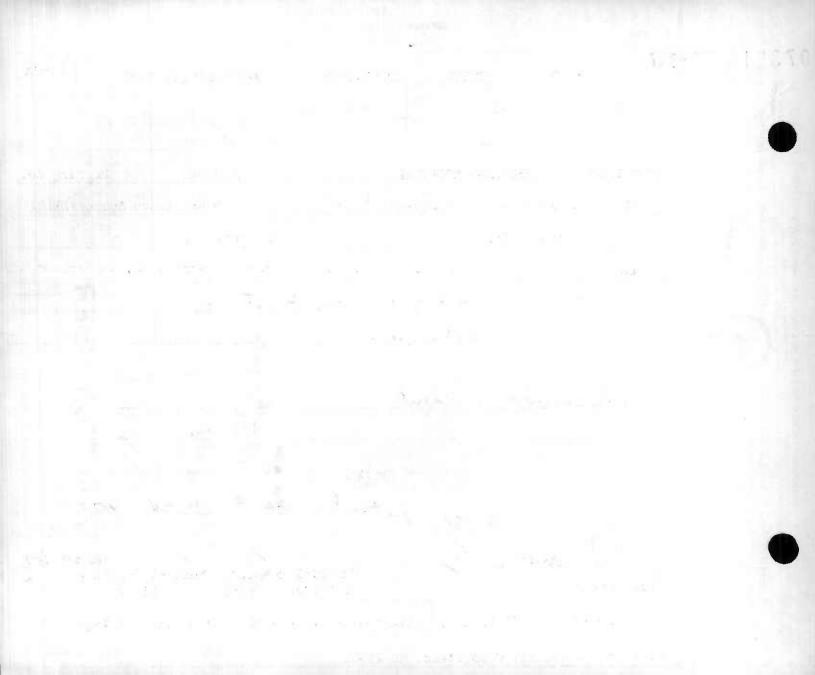
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR BORGE ASED NAME 20 DATE OF DEATH 2b HOUR 3:40A ROBERT VERNON CUNNINGHAM NOVEMBER 24, 1987 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY 3 SEX IF UNDER I YEAR 09-13-1916 male. white 7 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MD USA Allegany WIDOWED DIVORCED X 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY MEMORIAL HOSPITAL CUMBERLAND retired Roofing Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 205 Baltimore Avenue/21502 13b COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Allegany Cumberland MD YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Robert Cunningham Mabel McKenzie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES NO OR UNKNOWN Allegany County Nursing Home, Cumberland, MD 220-07-6701 no 18 CAUSE OF DEATH (Enter only one cause per line for ta) (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO [NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC. 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above (1) (we) (did (did not) view the body after death DEGREE 221 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: Menorial Hospital Medical Building 224 PHYSICIAN'S NAME (TYPE OR PRINT) should b Dr. Barrera Cumberland, Maryland 21502 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 236 DATE Allegany County Cemetery Cumberland 11-25-1987 burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 has dichterre R James F. Scarpelli, Cumberland, MD 21502

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The law requires that the death certicateding physician. After this certificate has been signed by the attending to as the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or remarked or them 18 shows any injury, or other traumatic examples.	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 10	
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BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED MECHANIC GARAGE 13e STREET ADDRESS / ZIP CODE 1508 FREDERICK STREET 21502 KIDWELL EUNICE DAY 1508 FREDERICK ST CUMBERLANDMD TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) and that in (my) (our) opinion death accurred on the date and hour and from the causes stated THE DATE SIGNED MEDICAL BUILDING ZAMAN CUMBERLAND, MARYLAND 21502 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b DATE (SPECIFY) BURTAL NOV 12 1987 HILLCREST BURIAL PARK 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

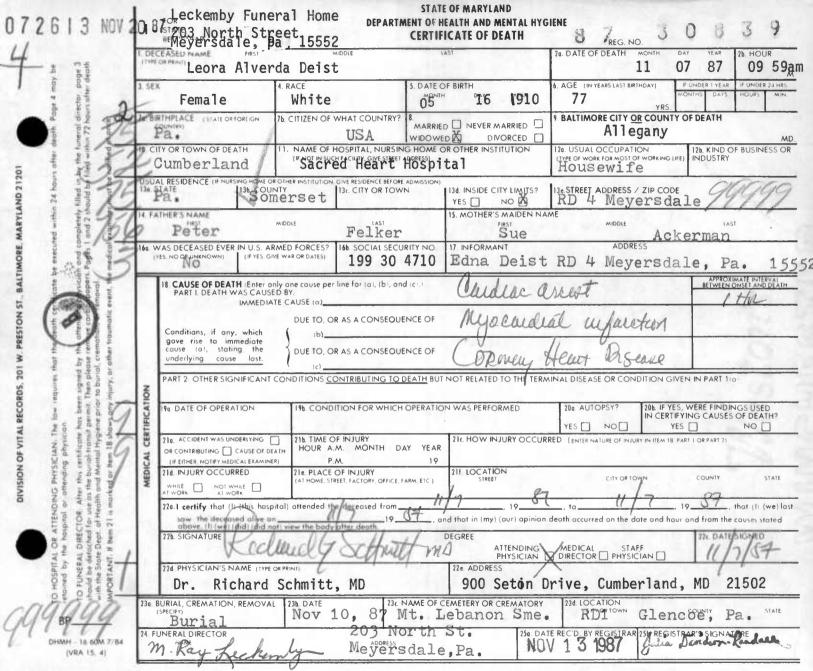
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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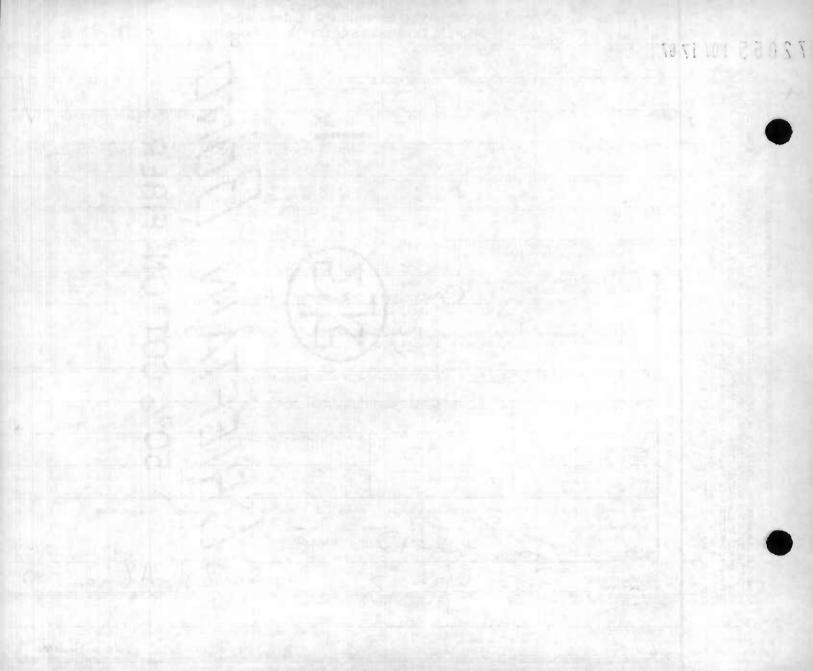
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN RD "PENDIL IN "HIEF MEDICAL EXAMINER," USED AS A BURIAL - TRANSI OF HEALTH AND MENTAL HIRAL, CREMATION, OR REM	NO	33450									
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3337 NO		FOR		DEPART		E OF MARYLAND EALTH AND MENTAL HYO	GIENE		#1:	17
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mod 2 sh	14. FA	THER'S NAME FIRST UNKNOWN	WIDOLE	RUSSLI	ER	15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE UNKNOW	N	LAS	61
	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SEC		17 INFORMANT	ADDRE			
3 9		NO		234-36-	-5837	DONNA LEHMA	N RT. 4, BO	X 117,		RLAND, MD
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buriol-tronsif Mentol Hygi Action 18 short		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2)	
the ond	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
for us of He 21 is		22e. I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did r	n Mace	19 19	8%	nd that in (my) (our) opinion	deoth occurred on the de	ote and hour	ond from the	that (I) (we) lost couses stated
NERAL DIREC be detoched e Stote Dept. TANT: If them		276. SIGNATURE	06	B	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	22c. DATE	SIGNED
should be det with the Stote		SHIN KIM, M	Corr)	90 MAIN S	TREET, WES	TERNF	ORT,	MD 2156
)	23a	BURIAL, CREMATION, REMOVA SPECIFY) REMOVAL	236 DATE 11/20			EMETERY OR CREMATORY MEGA	23d. LOCATION CITY OF TOWN MORGANT	OWN M	COUNTY ONONGA	LIA WV
1 - 16 50M 1/81 VRA 15, 4)	24 F	INERAL DIRECTOR	rd	ADDRESS WVU	MED C		TE REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE

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YEAL STATE

NATIONAL TRANSPORTED IN 199 SE

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN 3(TREFOR PRINT) OF ESTI-DEATH MATED CL YDE Robert 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE 12 69 VPS PRONOUNCED MALE WHITE 06 11/301539E DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA W.VA. ALLEGANY COUNTY DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS CUMBERLAND RETIRED CELANESE CORP. SILK USUAL RESIDENCE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE DANIELS AMNON EDNA 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 214-07-1770 CORÍS FLICK 134 POLK ST CUMBERLAND MD. WWI 1 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DCARD FARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which OCCLUSION gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an and in my apinion Autopsy Inspection Natural causes Hamicide Undetermined manner Suicide EXAMINER'S NAME ADDRESS 772 BISHOP WALSH ROAD CUMBERLAND MD GIOVANNI MASTRANGELO 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL LAWN MEMORIAL PARK LAVALE 07/84 24 FUNERAL DIRECTOR **DHMH - 17** (VR A1S ME (S))

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	I. DE	CEASED NAME	FIRST		MIDDLE		AST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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	3. SE	× oo l		4. RACE		S. DATE C		YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN.
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21: how be		AL RESIDENCE (IF NURS	13b COUN		GIVE RESIDENCE BEFO		113d INSIDE CITY	Y LIMITS?	13e STREET ADDRESS		AUT	
NA STATE OF		Maryland	Alle	egany	Cumber			10 🗆	134 STREET ADDRESS 114 Wilmon	t Avenue	/ 21	.502
RYL I	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S A		ME		LAS'	
AM A TOLL		Peter			Gustafson		Ida				Eklund	
ecutes ahin 34 de come		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMAN	T	ADDR	712 W	hite	Ave.
Page:		No	(# 123.01	· · · · · · · · · · · · · · · · · · ·	214-05-	-7861	Margare	et Kin	ıg -		rland	
physicio n popers movel.		18. CAUSE OF DEAT	H (Enter on	ly one cause per	line far (a), (b), (andyc ! / A		111111				MATE INTERVAL
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only only only only or remover				DUE TO, O	R AS A CONSEQ	UENCE OF						
RESTON e deoit nove carb notion, or i		Conditions, if any,		(b)								
the remo		cause (o), statin	gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF									
thot thot leose isl, cre is or oth		underlying couse	last	((c)_								
RDS, 20 equires n signed Then pli r to buri	-	PART 2 OTHER SIGN	VIFICANT C	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART II	1
DIVISION OF VITAL RECORDS, 201 W. PREST ING PHYSICIAN: The law requires that the dead to offending physician. When this certificate has been signed by the otter os the buriol-transit permit. Then please remove than dead Mental Hygiene prior to burial, cremation orked or flem 18 spaws any injury, or other froum	CERTIFICATION		200	ORX	age	1						
low re	ICA ICA	196 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORM	MED	20a AUTOPSY?	206. IF YES, WI	ERE FINDING CAUSES	GS USED OF DEATH?
ALRE lo The lo Sin per sit per	E								YES NO X	YES [NO 🗆
Sician: The age physicia certificate in rial-transit; erroll Hygie fem 18 shoet		21a. ACCIDENT WAS UND	-	110110		DAY YEAR	21c. HOW INJU	JRY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM TB PART 1	OR PART 2}	
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8 5 8 9 6 e		226. SIGNATURE	11		7	/	DEGREE	TENDING	MEDICAL STA		22c DATE	SIGNED
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	noy be poge 3			EASED NAME FIRST DR PRINT) TREN		FRANCES		INES	November	19, 198	37	4:30 PM
	pod pod		3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	THDAY] IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	The state of the s			L RESIDENCE (IF NURSING HOME TATE 136 COL		130 CITY OR TOV		13d INSIDE CITY LIMITS	? 13e.STREET ADDRESS		6719	79999
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WO	e execution on or	med	()	ES, NO OR UNKNOWN) (IF YES C	GIVE WAR OR DATES)	236-48	3-2944	Harold L.	Haines, Cumb	. MD	21502	
ALTI	e or	F.		18 CAUSE OF DEATH (Enter	anly one cause pe	r line for (a) (b), g	Adice	1			BETWEEN	MATE INTERVAL
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	OR ho	H He		27b. SIGNATURE	0/1	Buch		DEGREE		AFF	TA. DATE	15000
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b.	DHMH - 16 60A (VRA 15, 4		2	02 Greene St.	Cumb. 1	MD 21502	2	[JEC 0 2 1987	Julia Des	ridorn R	admitte)
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FOR

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (aur) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 21502 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY Cumberland Burial Allegany MB 74 FUNERAL DIRECTOR D. BY REGISTRAR 756 REGISTRAR'S SIGNA DHMH - 16 60M 7/84 William G. Kight Cumberland. MD lea Dividson Pas (VRA 15. 4)

STATE OF MARYLAND

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226. SIGNATURE

22d PHYSICIAN'S NAME | TYPE OR PRINT) DR. DEBORAH PEPPER

poli, MD

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL NOV 10 1987

23c NAME OF CEMETERY OR CREMATORY ROCKY GAP VETERANS

DEGREE

234 LOCATION
CITY OF TOWN
FLINTSTONE ALLEGANY MARYLANT

24 FUNERAL DIRECTOR

SILCOX-MERRITI

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 10 1987 FUNERAL HOME CUMBERLAND MARYLAND

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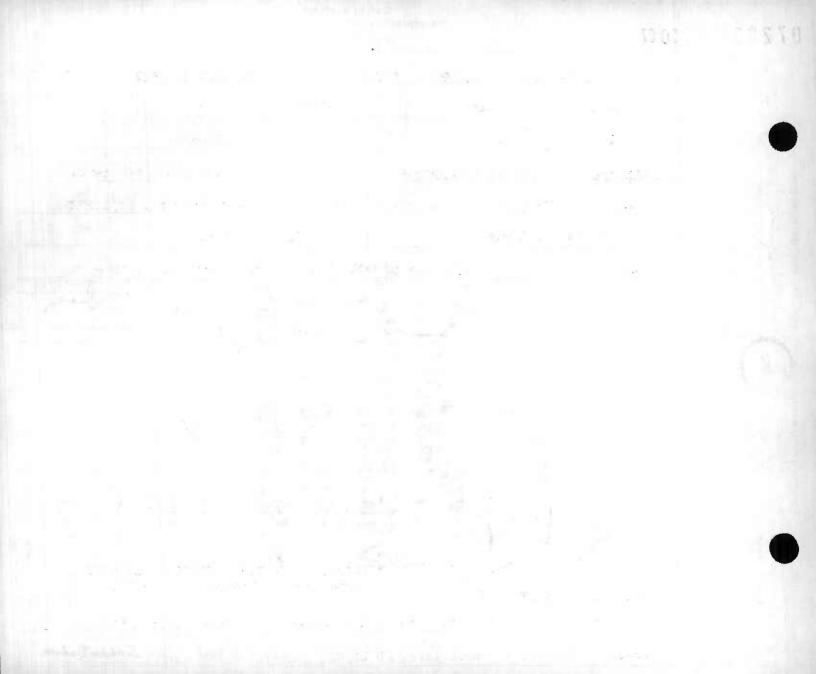
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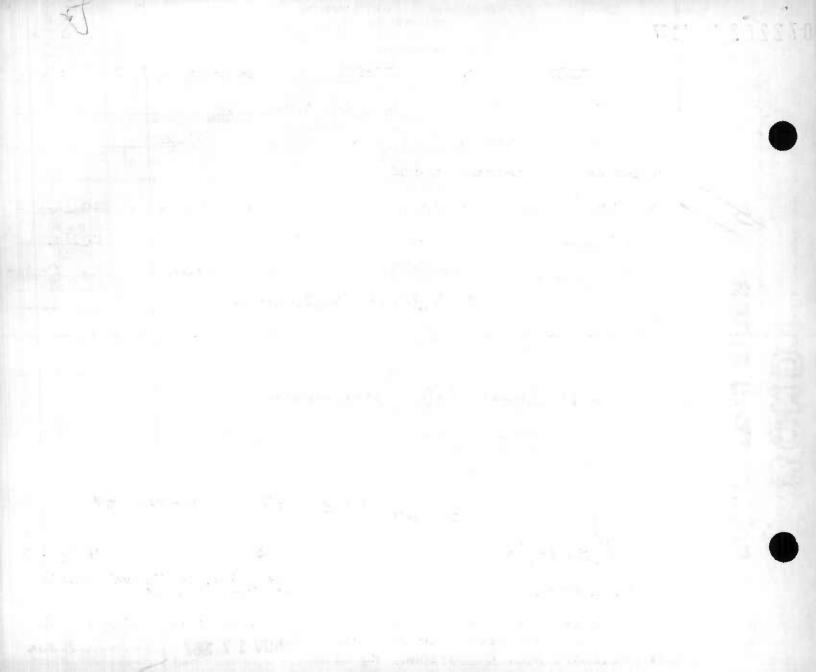
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) **JESSIE** A. HOVERMILL November 23. 1987 8:02 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH 3 SEX MONTH DAY YEAR 87 W 30 76 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Allegany U.S.A. MD. WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland RETIRED HALLMARK USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS / ZIP CODE FLINTSTONE, MD 130. STATE 13b COUNTY 13d INSIDE CITY LIMITS? MD. ALLEGANY FLINTSTONE Poute Por 150 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE FIRST WILLIAM D. PERDUG **EMMA** BEALLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT I IF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) RICHARD HOVERMILL - son - s/a 216-44-1043 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating underlying couse lost NOT RELATED TO THE TERMINAL DISEASE OR CONDIT CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 22b. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Memorial Hospital Medical Building 224 PHYSICIAN'S NAME (TYPE OR STATE) Dr. Zaman Cumberland, MD 21502 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY 11-24-87 Remova1 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 State Anatomy Board Balto., Md. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 108. 6. AGE (IN YEARS IF UNDER 24 HRS M HOUR DATE LAS INTHDAY DAY YEAR PRONOUNCED DZ DEAD In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Scotland USA Allegany DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Man INDUSTRY Frostburg 61 Prostiv Visitizege Returiaintenance JUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 64 Frost MATTERANY Frostburg 130. SMH 13d. INSIDE CITY LIMITS? 13ª STREET ADDRESS NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hunter Jeanie MIDDLE Wilson James 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 217-10-6788Mr. Wm. Hunter Bel Air Ct.Md.21502 6 no none 18. CAUSE OF DEATH (Enter only one couse per line for (90 (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUEN Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? VER. THIS CASE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 197 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH 26 HOUR LTYPE OR PRINTS **JOHNSON** November 12, 1987 TELCO Μ. 7:52 PM & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR 3 SEX MONTH YEAR Female White 1900 10. Oct. 9 BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany U.S.A. Maryland WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Memorial Hospital Cumberland 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 15 Altamont Terrace 21502 Cumberland Maryland Allegany YES X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Miller Langley Nettie Harvey ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 214-05-6561 Virginia L. Weatherholt same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), Ib', and (c).
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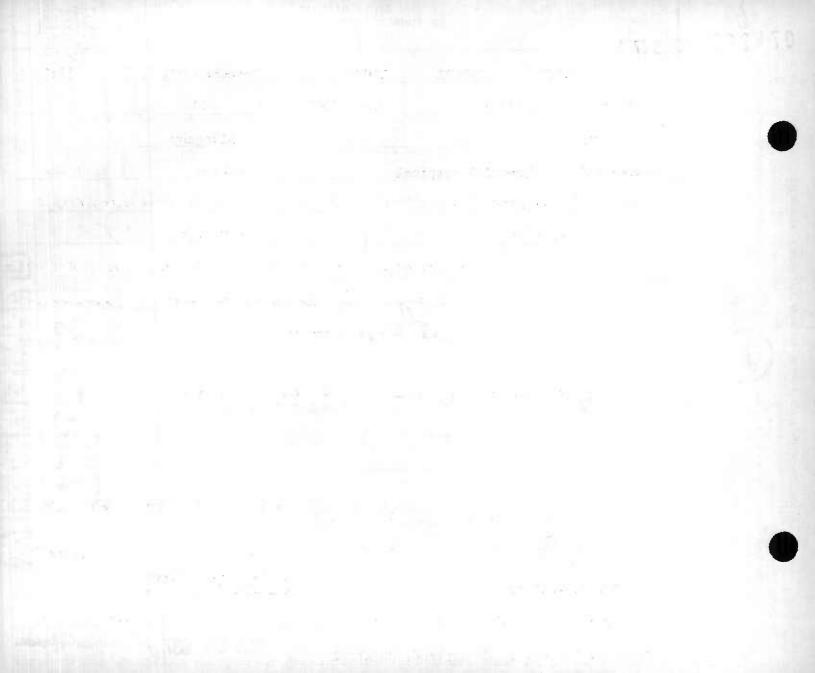
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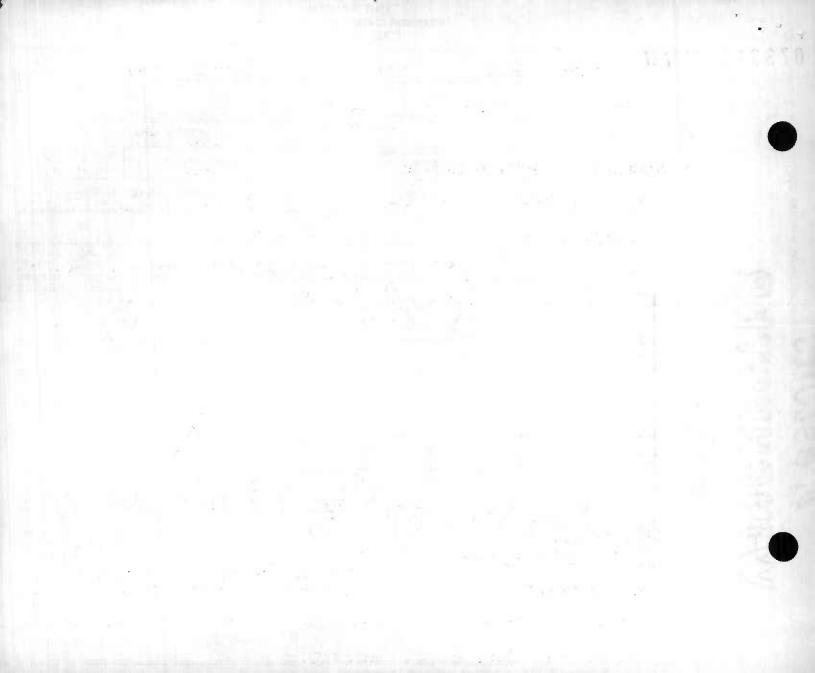
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR PEGEASED NAME 26 DATE OF DEATH 2h HOUR ETHEL MARTE LOHR NOVEMBER 7, 1987 5:00A M 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX MONTH DAY VEAR Female White 11/5/28 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XVEVER MARRIED Penna. WIDOWED DIVORCED [Allegany Co. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
MEMORIAL HOSPITAL CUMBERLAND Housewile Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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130. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Box 40. RD#3. Meyersdale 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Violet M. Pugh James M. Turney 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 165-24-9382 Paul H. Lohr, RD#3, Meyersdale, Penna. 15552 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO DUE TO, CA ASA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOR 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATUR OF 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) ZII LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY GITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHEE 22s.1 certify that (I) (this haspital) at ded the deceased fro pur) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN MPORTANT 228 PHYSICIAN'S NAME LYPE OF PER HOSPITAL MEDICAL BUILDING DR. W GUY\FISCUS CUMBERLAND. MARYLAND 21502 230 BURIAL CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Nov.10,87 Horner-Mit. Tabor Ce. Quemahoning Twp. Som. Co. Penna. 250 DATE REC'D, BY REGISTRAR 250 REGISTRAR'S SIGNATURE NOV 23 1987 24 FUNERAL DIRECTOR Adia Nundson Randala DHMH\$ 16 60M 7/84 Hollman Funeral Home, Boswell, Penna. 15531

STATE OF MARYLAND

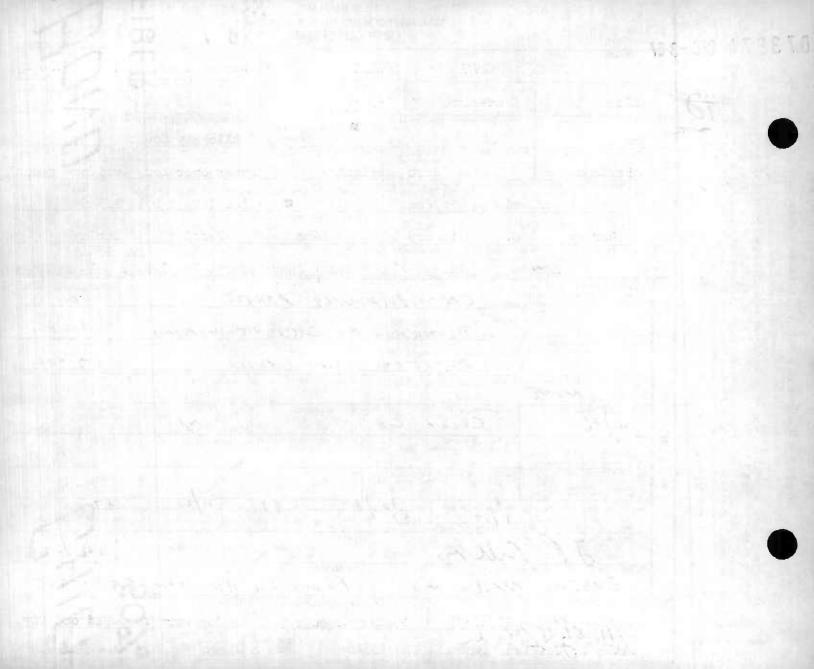


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH MONTH EASED NAME 26 HOUR (TYPE OR PRINT) November 20, 1987 JOHN 8:36 a HARVEY LOWERY 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1:5EX YEAR Male 59 Caucasian 10/22/28 BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Allegany County WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! **INDUSTRY** Cumberland Sacred Heart Hospital uniform rental owner-operator LAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Box 109, R D 1/ Bedford Hyndman 15545 HATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS1 MIDDLE Harvey Edna Pear 1 Lowery Burley WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT PA (YES, NO OR UNKNOWN) (# YES, GIVE WAR OR DATES) 213-24-7158 Betty Jane Lowery, Box 109, R D 1, Hyndman Korean APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) CARDID FULMONIAY ERREST DUE TO, OR AS A CONSEQUENCE OF ENTURADON AND ELECTROLYTE IMBMONCE Conditions, if any, which gove rise to immediate course (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause COLON CANCER MATASTANC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) 220.1 certify that (1) (this haspital) ottended the deceased from saw the deceased alive an, 19 5-7 and that in (my) (our) apinian deoth accurred an the date and haur and fram the couses stated above, (1) (we) (did) (did not) view the bady after death DEGREE 226 SIGNATURE 22¢ DAJE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS EUGENE NALLIN MD 230. BURIAL, CREMATION, REMOVAL 236. DATE 231, NAME OF CEMETERY OR CREMATORY 11/23/87 Londonderry Twp, Bedford Cty, Porter Cemetery Buria1 Harvey H. Zeiglen, Hyndman, PA 15545

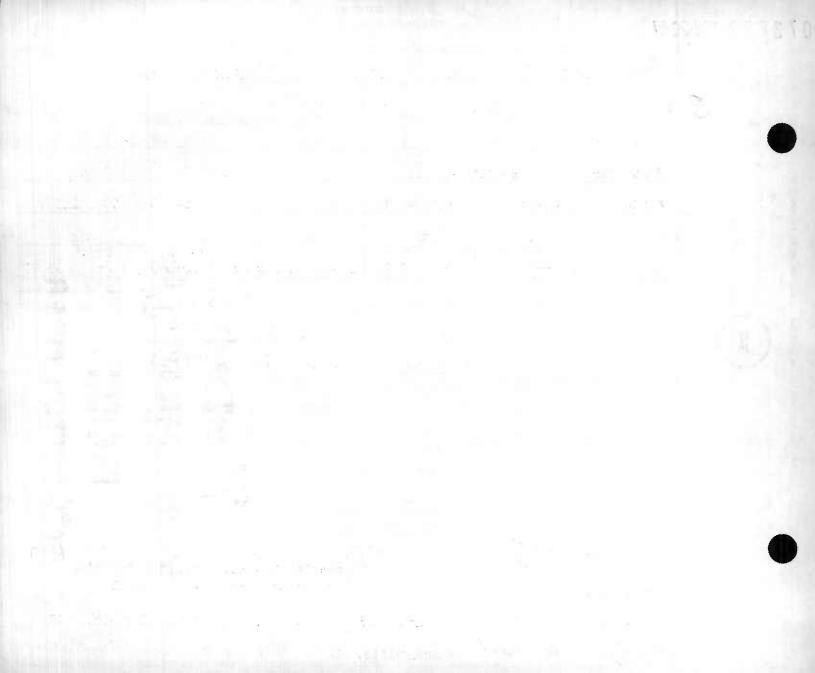
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STATE OF MARYLAND



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James F. Scarpelli, Cumberland, MD 21502

(VRA 15, 4)

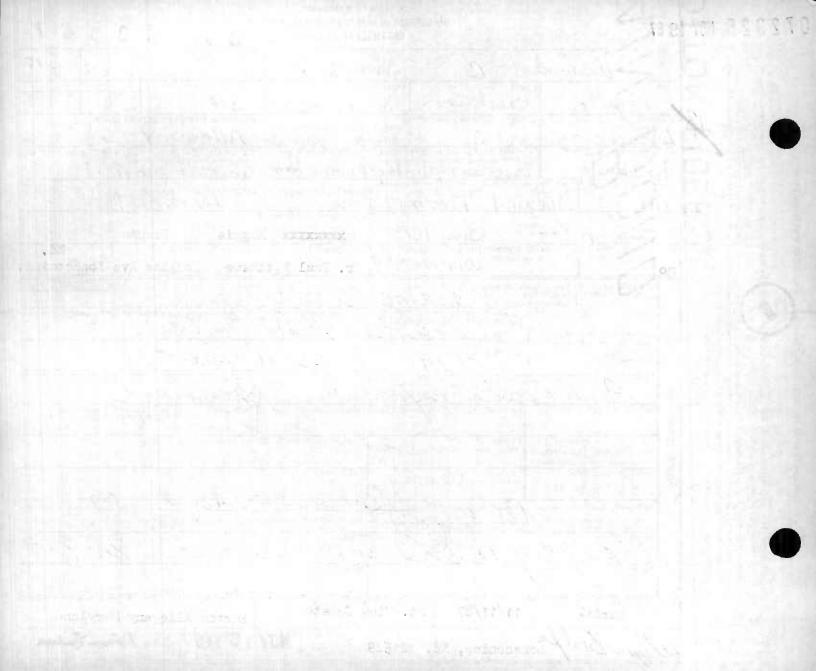


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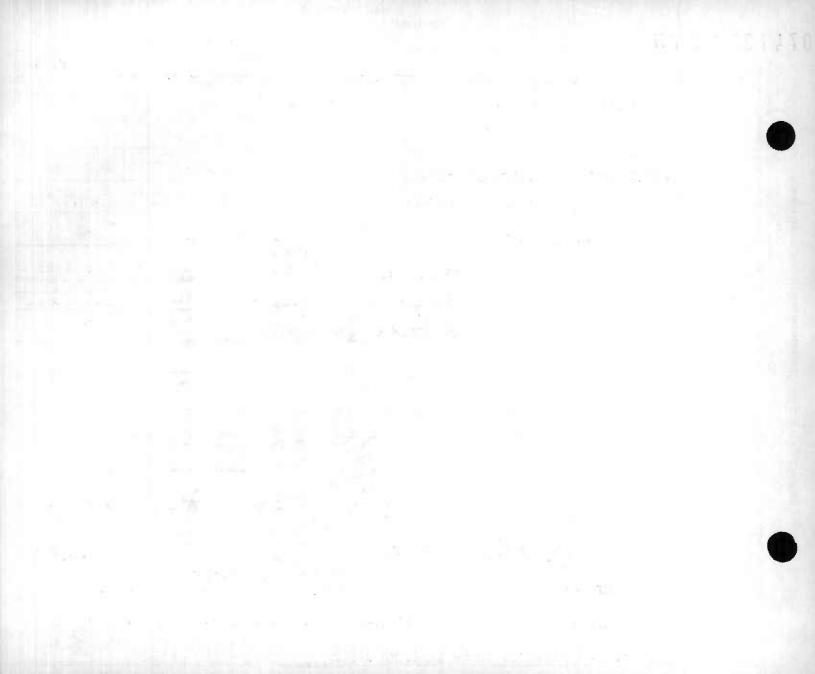
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James F. Scarpelli, Cumberland, MD 21502

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 REGISTRAR REG. NO ASED NAME FIRST 20. DATE KNOWN MONTH 26 HOUR TYPE OR PRINTI ESTI-DEATH MATED XX Nov. 229 Nora Mc Intosh Virginia 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHOAY) PRONOUNCED Feb. 28, 1916 Eemale White 198 DEAD a Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) West Virginia IISA WIDOWED X Allegany DIVORCED INCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY 207 Race St. Housewife In Own Home Cumberland USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c. CITY OR TOWN T38. INSIDE CITY LIMITS? 13e STREET ADDRESS 21502 Allegany 207 Race St. Maryland Cumberland YES BO NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE F. PAGES-YAND DIVISION OF VE Walter T. Lechliter Anna Simpson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO 17. INFORMANT Jo Ann Hatfield & Dorothy Judy Mrs. Darlene E. Frederick, Keyser, W. Va. (YES, NO, OR UNKNOWN) 212-24-5463 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH MYOCARDIAL INFARCTION PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX YES [210. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE Inspection X PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion deoth resulted from Hamicide Undetermined manner SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo MD 900 Seton Drive, Cumberland, Md. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE 11-24-1987 Lechliter Cemetery Burial Near Short Gap. W. Va. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE NAME James F. Scarpelliporess Cumberland, Md. 21502. **DHMH-17** (VR A15 ME (5)) 15M 2/80

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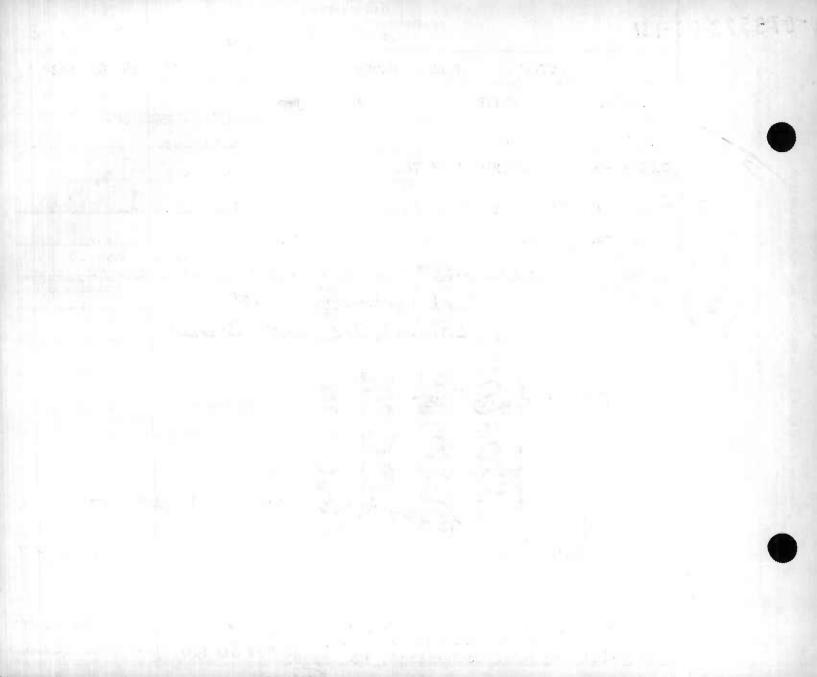
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	SAN	4.4	RESBURG F	A	UNITED	STATE(ED DIVORO		egany	MD
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Ğ.	The state of	14. F.	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAID			
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AL REC	E SHOULD BE EX WORD "PENDING E CHIEF MEDIC BE USED AS A BENT OF HEALTH A BURIAL, CREW	CERTIFICATION	19a. DATE OF OPER	ATION	196. CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?
VII.	WORD WORD WORD WORD BE US BE US BURITOR	E E	21a EXTERNAL CAL	ICE VALA C	21b. TIME O	E INTERV					YES NO
ONO	IFICATI THE VICTOR TO THE VICT		UNDERLYING CONTRIBUTING	OR	HOUR A.M	MONTH DAY YEAR	ZIC. H	DW INJURY OCCURRE	ED LENTER NATURE OF WILLIAM	' IN ITEM 18 PART 1 OR PA	ART 2)
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	≱ E®¥E∑		22a. I certify that death resulted Iron		10	Accident , Su	Autop	y . Inspection, Hamicide ., TITLE (SPECIFY)	Undetermined monn	ond in my o	pinion
	SEX FEE		ACTUAL SIGNATURE	13	COLU	Tall	M	0 M)	MEDICAL EXAMIN	2-11	NOV 12/87
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NO ST				UE TO, OR AS A	CONSEQUENC	E OF						
RESTORE deat	1 14	Conditions, if any,	which ((b)								
the de removie emotic		gove rise to immore couse (a), status	g the 1D	UE TO, OR AS A	CONSEQUENC	CE OF						
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN. The low requires that the death registration of the buriol-transit permit. Then please remove and as the hand Amental Hygiene prior to buriol, cremoting orked or them 18 shows any injury, or other trauments.	z	PART 2 OTHER SIGN	NIFICANT CONDI	TIONS CONTRIB	UTING TO DEA	ATH BUT NO	OT RELATED TO TH	HE TERMIN	AL DISEASE OR GO		EN IN PART 1	0
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OR ATTEN OR ATTEN DIRECTOR, sched for up Dept. of Hem 1 is		22b. SIGNATURE	did) (did not) view	the body offer d	eoth.	DE	GREE		/		22c DATE	BIGNED
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(VRA 15, 4)	1	1. Osma	1 Kum	race cr	antsvil	le. N	/D	NOV	1 3 1987	Julia	Desider	Kingina

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Be of		18 CAUSE OF DEATH (I	Enter anly one cause p CAUSED BY: MEDIATE CAUSE (a)_	per line for (a), (b), o	1	Bronge	hopneyn	1 GALLOI	SET WEEN	XIMATE INTERVAL LONSET AND DEATH
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AL DIRECTION OF THE POST OF T		22b. SIGNATURE	D. Him	CP, M	7		NG MEDICAL AN DIRECTOR PH	STAFF YSICIAN []	22c. DATE	6/8 7
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P	23e E	SURIAL, CREMATION, REASPECTEY) Buria				er Paul Cer	ORY 23d LOCATION CITY OR TOW		COUNTY Allega	STATE MD
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		CEASED NAME FIRST	MIDDLE	LAST	-	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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4 94 (1)	3. SEX		4. RACE	5. DATE OF BIR	DAY YEAR	AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
Page 4 director hours off	10 BI	male RTHPLACE (STATE OR FOREIGN	white 76. CITIZEN OF WHAT COUNTRY		6-07-1930	57	YRS.	
neral n. 72 th.	(OUNTRY) MD	USA	MARRIED X	DIVORCED	ALLEGAN	^	MD.
on softer d		ty or town of DEATH Cumberland	11. NAME OF HOSPITAL, NURS OF NOT IN SUCH FACILITY, GIVE STREE SACRED HEAR	T ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF retired	WORKING LIFE) INDUSTRY	of Business or
ND 212 24 hour filled in t build be f	13a S	TATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	INSIDE CITY LIMITS?	3e. STREET ADDRESS P.O. BOX	430 - Mill	4999
MARYLA mpletely to ond 2 sho	14. FA	THER'S NAME	hn P. Miller		MOTHER'S MAIDEN NAMI		LAS	77-77-1
IMORE, MA		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC VE WAR OR DATES! 217289	-01.	nformant Irs. Betty J	ean Miller,		WV - wife
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN. The law requires that this epitical local be executed within 24 hours of attending physician. Uter this certificate has been signed by the other local engine on a completely filled in by as the buildistrantificate has been signed by the other local engine. Propes I and 2 should be filled that Awarral Hygiers prior to buriou, commontain and warral Hygiers prior to buriou, commontain engine.	NC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL (b) DUE TO, OR AS A CONSEOL (c) CONDITIONS CONTRIBUTING TO	JENCE OF	RELATED TO THE TERMIN	0	OTTION GIVEN IN PART 1	o'
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OF C (VRA-15-4)			rpelli, Cumberla	nd, MD 2	1502 NO	V 1 2 1987	Harper Day	

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SACRED HEART MOSPITAL

November Ty 1987 5

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 072339 SESSED NAME 20. DATE KNOWN K MONTH ESTI-Eva Mae Moats DEATH MATED 87 Nov. 11 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 74 HOUR DATE LAST BIRTHDAY) PRONOUNCED Aug. 6,1910 emale White 10 8 DEAD Nov. 11 O. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Maryland USA Allegany DIVORCED X WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) 619 Baker St. Cumberland Housewife In Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD I 13g STATE 136 COUNTY 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO 1 619 Baker S Maryland Allegany Cumberland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Chloe Lee James Edward Moats Lease 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT DIVISION 219-10-1872 Mrs. Freda Hedrick, Cumberland, Sister 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY ARDIOPUL MONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ARDIPE ARREST gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗆 NO [21g. EXTERNAL CAUSE WAS 7 Ib TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNEAL DIRECTOR: 9
AFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural couses Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-12-1987 DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Robert Welik. 921 Seton Drive, Cumberland, Md. (TYPE OR PRINT) 73a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cumberland, Md. 21502 11-14-1987 Hillcrest Burial Park BP Burial 750. DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATUR 74 FUNERAL DIRECTOR NAME James F. Scarpelli. **DHMH-17** (VR A15 ME (5)) Cumberland 15M2/80

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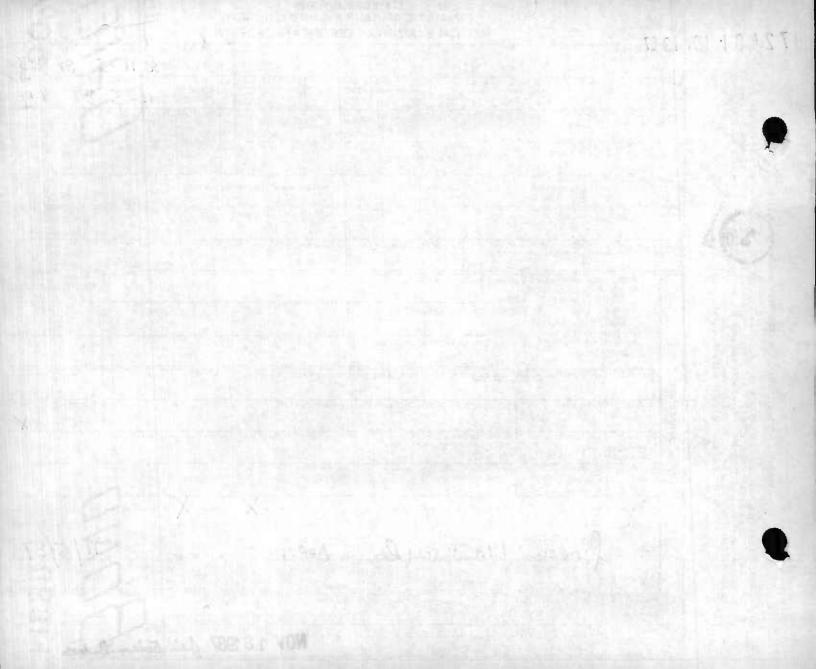
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE AFFOR LASED NAME (TYPE OR PRINT) Leonard Ross Nale DEATH MATED X 11 - 1610 87 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2c. DATE PRONOUNCED Male White DEAD TO BIRTHPLACE (STATE OR TH CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Pennsylvania U.S. Allegany County 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS OR INDUSTRY Flinstone PO BOX 5 T ROOT AROAD Mechanic USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 1136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Box #51. Root Rd Maryland Flintstone 15. MOTHER'S MAIDEN NAME Jonathan Nale Ella Osborn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Unknown 195-30-3632 Cheryl Y. Nale same as 13 a-e 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Contact gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF PERSONAL WRITING THE WORD "PENDING" IN PENCIL INVENCIL INVENCIL INVENCED TO THE CHIEF MEDICAL EXAMINER ALOR PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OSATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES T NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR C 11-16 , 87 UNDERLYING self inflicted qunshot wound CONTRIBUTING CAUSE OF DEATH ACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED FOR THE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTEMORE, MARYLAND, 21201 P PO Box 51 Root Road, FTinstone, Allegany Co., AT WORK Maryland Autopsy X 22a I certify that I took charge of the remains described above, held on death resulted from Undetermined monner Chief 11-21-87 ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME John E. Smialek, M.D. 111 Penn Street, Baltimore, MD 21201 23d LOCATION TOW N 07/84 11 2067 8 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE NOV 23 1987 Julia Davidson Ro 25M **DHMH - 17** (VR A15 ME (5))

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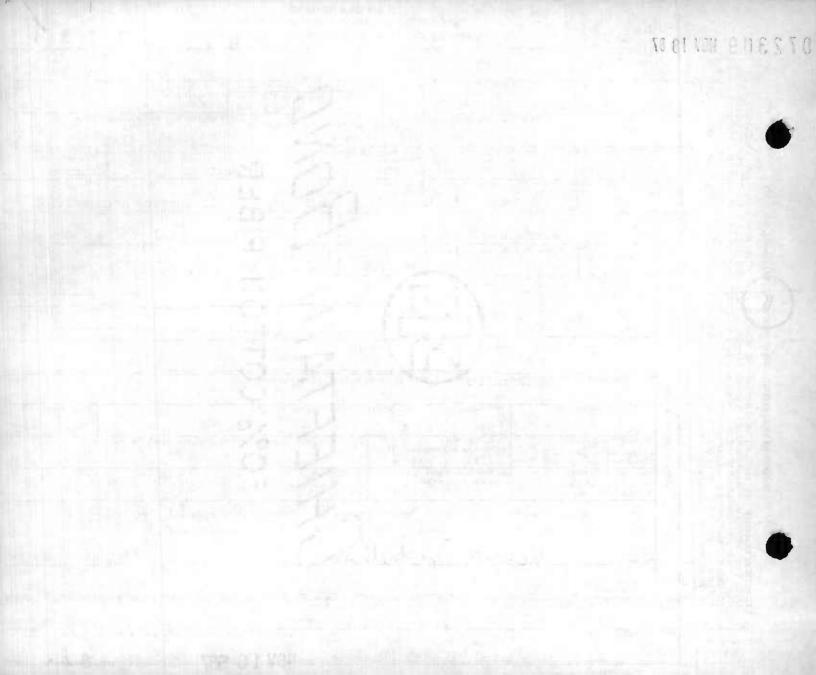
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DHMH - 17	24. FU	NERAL DIRE	CTOR	George	-Upc	hurch	Fune	ral H	ome,	P.A.	25a DATE	REC'D. BY	Y REGISTRA	R 25b. REC	SISTRAR'S	SIGNATURE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE RTEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH? MIDDLE EASED NAME 20. DATE KNOWN 2b HOUR MONTH (TYPE OR PRINT) ESTI-HOURS STREET, DEATH MATED Robert A AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 6:00 male white 11-17-1920 66 DEAD YRS To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED X DIVORCED Allegany County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland 825 Harvard Avenue Partner Macaroni Mfg. SETAIN OULD B USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Allegany MD Cumberland 825 Harvard Avenue/21502 YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Henry Nevy Catherine (nmn) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Catherine M. Nevy, Gaithersburg, MD Patricia Ann Nevy, Cumberland, MD (YES, NO, OR UNKNOWN) 215-26-9709 no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ruptured abdominal aortic aneurysm DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 TIE, WRITING THE WORD "PENDING SRWARDED TO THE CHIEF MEDICA R: PAGE 3 SHOULD BE USED AS A BI E STATE DEPARTMENT OF HEALT ID, 21201 PRIOR TO BURIAL, CREMA CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION AT WORK AT MANUE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWAI TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STAT BALTMORE, MARYLAND, 212 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-3-87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.d. ADDRESS 111 Penn Street, Baltimore, Md 21201 (TYPE OR PRINT) 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION 730 BURIAL CREMATION REMOVAL 236 DATE STATE Burial 11-05-1987 St. Marys Cemetery Cumberland Allegany MD 07/84 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

STATE OF MARYLAND



		SCARPELLI	FUNERAL HOM	E STATI	OF MARYLAND		. [
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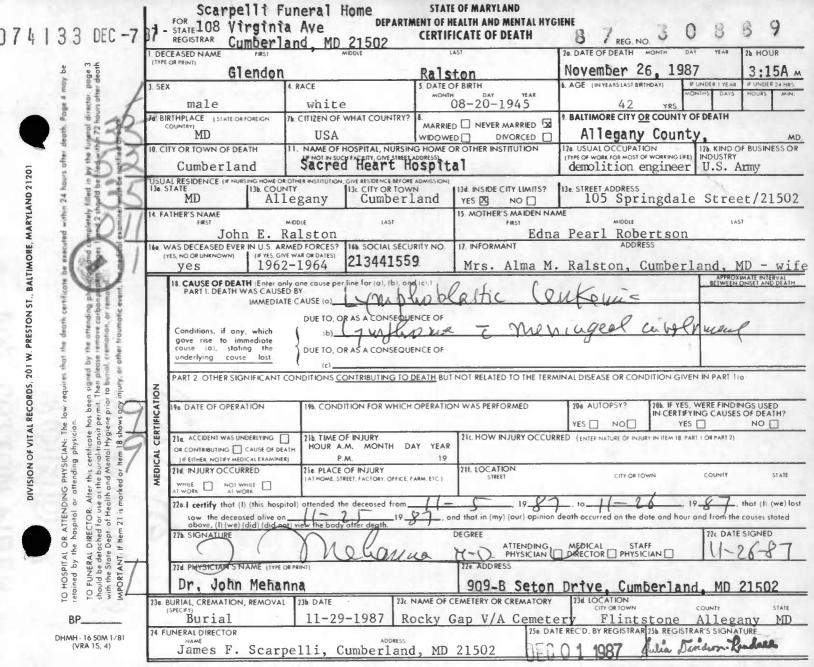
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OR A DIRECTOR A DIRECTOR OF the Dept.		226. SIGNATURE	nor view the body of	rer degill.	DEGREE			22c. DATE	ESIGNED
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51	73e.	SURIAL CREMATION, REMOVA	236. DATE	No. 1985		EMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	cr	DUNTY	STATE
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STATE OF MARYLAND

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DHMH - 16 60M 7/84

IMPORTANT: IF IN

24 FUNERAL DIRECTOR (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

Allegany

SAGRED MEART HOSPETAL

20,0		I. DEC	FOR STATE 111 CHU REGISTRAR WESTERN	MIDDLE	02	ICATE OF DEATH	REG. NO.	ONTH DAY YEAR	26 HOUR
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4 0		3. SE	Male	White	5. DATE C		6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR MONTHS DAT	
deoth. Page	83		RTHPLACE (STATE OR FOREIGN COUNTRY) st Virginia	76 CITIZEN OF WHAT COUNTS USA	MARRIE WIDOWE	D MEVER MARRIED DIVORCED	BALTIMORE CITY OR		MD.
offer of	30		TY OR TOWN OF DEATH mberland	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE SACRED HEAR	REET ADDRESS)		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Ret. Westva	WORKING LIFE INDUSTR	
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MORE,	3		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) YES (15 YES GIV	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	Mrs. Joseph.	ine Riggleman		
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ATTENDING sspital or off ECTOR: After d for use as I t, of Health a m 21 is marke		22n. L certify that the (this	hospital) attended the	e deceased from_	5 m	nd that in (i) (our) opin	nion death accurred on the	dote and has		that (we) lo couses stated
the he he be to be		226. SIGNATURE	link 1	W)		DEGREE ATTENDIN PHYSICIA		TAFF SICIAN 🗌	22c. DAJE	SIGNED 3/97
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OHMH - 16 50M 1/B1 (VRA 1S, 4)		JNERAL DIRECTOR James F. Sca	rpelli, Cu	mberland,	MD 2	250. 21502	V 0 9 1987	AR 25b. REGIS	IRAR'S SIGNAT	UR

OF 1 F S 2 ASS. 12 ST 12 VA. AVE. CURR. WE.

LOUISE MATHERINE ROLENTSON

TALLED SEVEL SUSBELLEY

tv.

AND STREET AS SERVICE SERVICE

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 2a. DATE OF DEATH 26. HOUR TYPE OR PRINT) Ellen Robinette November 16 1987 Mary 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH Female White 1899 Nov. IN-BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Allegany WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY LaVale Street 49 Housewife Own Home DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 549 B Street 13d. INSIDE CITY LIMITS? Maryland Allegany 21502 LaVale YES IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Felten Issac King Ida O'Haver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 809 Catskill (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) John I. Robinette No 213-74-6385 Cumberland. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), 1b1, and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED Pe ă IN CERTIFYING CAUSES OF DEATH? 90 NO YES NO [Mentol Hygie iol-transit 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this base-tal) attended sow the deceased al and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did) 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING No. MEDICAL be deto e Stote [DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d PHYSICIAN'S NAME 1774 COMMITTEE 22e ADDRESS Cumberland, MD should be Memorial Hospital Med. Bldg. 21502 Fiscus. M.D. 0 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Zion Mem. Park Cumberland, Allegany 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 John J. Hafer, Jr.

LaVale.MD

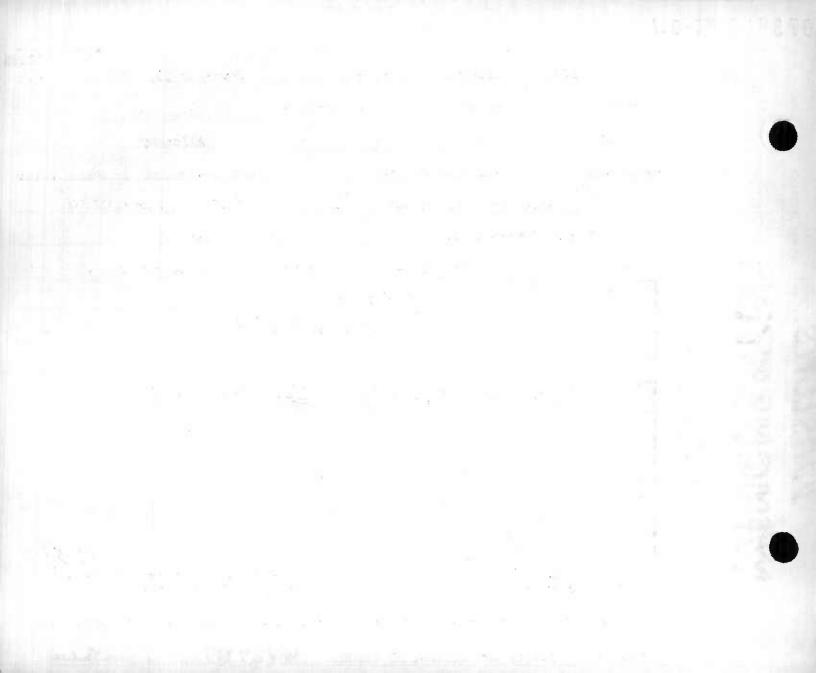
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STATE OF MARYLAND

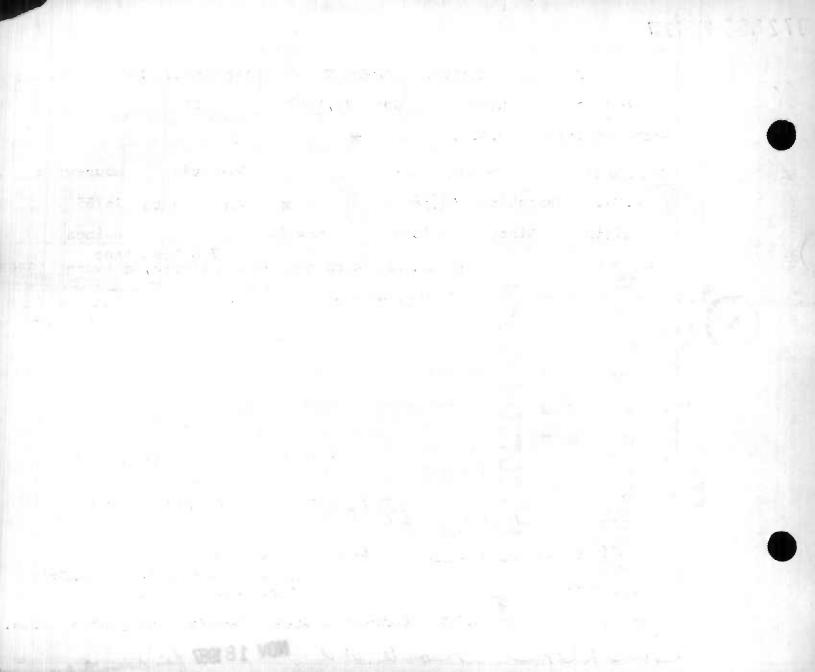
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of House		sow the dece	osed alive ap	14	19	57.0	nd that in (my) (our) o	opinion de	oth occurred on the date o	nd hour and f	from the co	ouses stated
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Or	23a	BURIAL, CREMATIO		3b. DATE		NAME OF C	EMETERY OR CREMA		23d. LOCATION		, , , ,	
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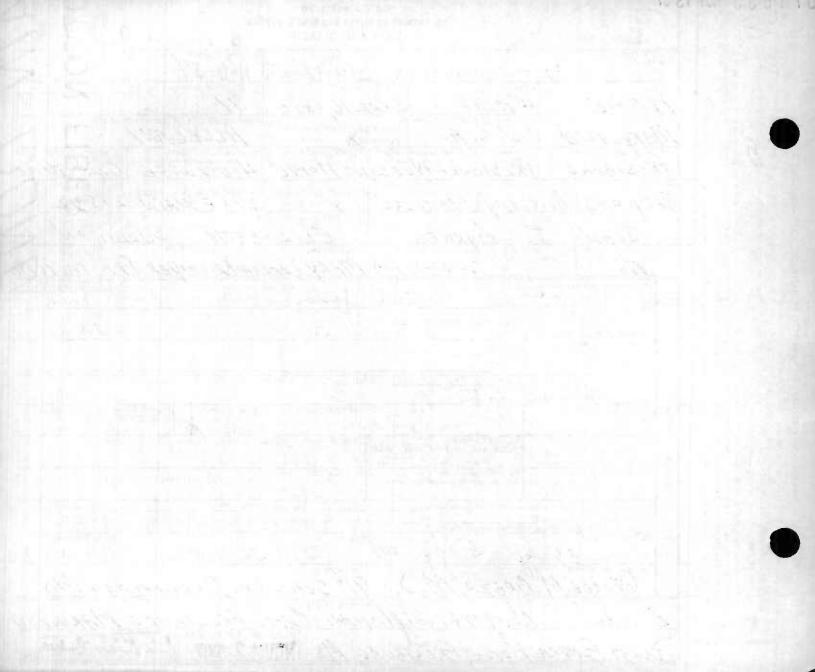
STATE OF MARYLAND 073940 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME TYPE OR PRINTS CARL CLINTON SHAFER November 23. 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3 SEX 05-19-1903 male white TO BIRTHPLACE LSTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED MD USA WIDOWED Allegany 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumber 1 and Memorial Hospital ret. mechanist Motor Parts USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 1136 COUNTY MD Allegany Cumber 1 and 1012 Kent Avenue/21502 YES X NOF 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Clinton Edward Shafer Nannie Louise Frye IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LYES NO OR UNKNOWN 214-05-5392 Mrs. Edna E. Shafer, Cumberland, MD - wife 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic PART I DEATH WAS CAUSED BY W. PRESTON ST. IMMEDIATE CAUSE 10 NEUMONIA. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNMICANT CONDITIONS CONTRIBUTING TO DEATH BUT FOR TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORME 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO [NOIS 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJIEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC) NO! WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive of and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did for view the body after death 226. SIGNATURE 771 DATE SIGNED DEGREE PHYSICIAN DIRECTOR PHYSICIAN MPORTANT THE PHYSICIAN'S NAME PROPERTY 22e ADDRESS Memorial Hospital Med. Bldg! ld b Dr. Ranjithan Cumberland, MD 21502 23a BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE burial Sunset Memorial Park Cumberland Allegany 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Alie Sindron Pudase James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)



STATE OF MARYLAND 072455 NOV 19187 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS ELSIE PAULTNE. SHANHOLTZ. November 12, 1987 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX MONTH June 20,1907 White Female 80 BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED [Allegany NO CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Domestic Cumber land Housewife Memorial Hospital 136 COUNTY Churches 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Hampshire W. Va. 26765 Rural Route FATHER'S NAME 15 MOTHER'S MAIDEN NAME Stella Philip Haines Hiett Haines 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 708 East Lane (YES, NO OR UNKNOWN) HE VES CIVE WAR OR DATEST Kathleen Metz Milford, Delaware 232-96-7669 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY 0/24/87 IMMEDIATE CAUSE (C DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR A The of was found at home unvessionsive OR CONTRIBUTING CAUSE OF DEATH HE SITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED 22h SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Memorial Hospital Medical Building Dr. Othman Cumberland, MD 21502 23d LOCATION 23g. BURIAL CREMATION, REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY STATE Burial 11/14/87 Ebenezer Cemetery Romney Hampshire 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) 26714



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DHMH - 16 60M 7/84 (VRA 15, 4)	TA FI	NAME T FUNERA	AL HOME FROM TRURG MB NOV 1 2 1087 Julia Dender Renders



	1-	FOR STATE 198 VA.A.	VE. ERLAND,			EALTH AND MENTAL HYG	B 7 REG. N	3 0	Ö	9 9
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Bod #3	7a. B1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
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offer the f		TY OR TOWN OF DEATH Cumberland	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACRITY, GIVE STREET ED HEART	ADDRESS)	PITAL	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	of BUSINESS OR
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MORE, MA			GIVE WAR OR DATES)			17. INFORMANT			100	
oo oo s. Pe		no		217-42-8	282	Mrs. Ann Pal	mer, Cumbe	rland, N		
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DIVISION OF VITAL NG PHYSICIAN: The offending physicion fifer this certificote h os the buriol-transit fh and Mental Hygier th and Mental Hygier arked or item 18 show	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME	OF INJURY	-	21c. HOW INJURY OCCUR				140
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OR DIR		DA OF	1. 11/	14/)		ATTENDING	_ MEDICAL ST.	AFF _ /	1//0	-/67
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(VRA 15, 4)		James F. Scar	pelli, C	umberland	, MD	21502 NOV	1 9 1987	Milio. Tion	dem D	andres -

STATE OF MARYLAND

SCARPELLI FUNERAL HOME

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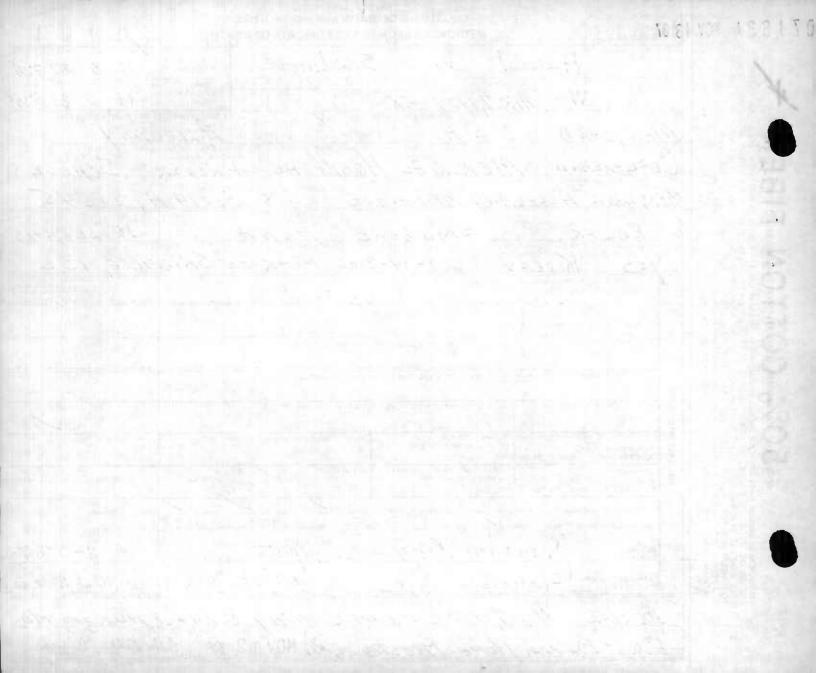
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MA PAR	16a \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 165. NO. OR UNKNOWN) (UF YES GIVE WAR OR DATES)	
SKATE A		VES KOREAN 218-24-7882 MARION SKIDMOR	E 13e
S S S S S S S S S S S S S S S S S S S	F7	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).) Cerebral injury	APPROXIMATE INTERVAL
Z SENERAL SENE		PARTIDEATH WAS CAUSED BY: Multifocal brain hemorrhages of brain stem, secondary to	BETWEEN ONSET AND DEATH
0 2E0E0V	17	(DUE TO, OR AS A CONSEQUENCE OF head injury.	
新 电三型发生器		Conditions, if any, which	
A STATE OF THE PERSON NAMED IN COLUMN TO STATE OF THE PER		gove rise to immediate (b)	
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3 5 BBT 7	ğ	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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MEN SERVICE	4	death resulted from: Natural couses	
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01 4 NO.	1	EXAMINER'S NAME & TO SEE TO DE LOS) /11/-
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RUSHER	23e B	URIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN	OUNTY STATE
07/84 BP		DURIAL NOV. 7.1987 KCK HART CEMETRY ECKHART AZ	LEGARY MD.
25M DHMH - 17	24. E	LINERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR	SSIGNATURE
(VR A15 ME (5))		FURST FUN EARL HOME TROSTBURGAD NUV 12 1987 Julia Du	iden. Kandall



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	DIRECTOR DIRECTOR OUR FILES 172 HOURS ON STREET,	3. SE)		sal M	DATE OF BIRTH		METHOAY) MONT			2c. DATE PRONOUNCEI DE AD	MONTH	9 19 E	EAR 2d HOUR
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MD.	HONE	14. FA	THER'S NAME		DDLE	LAST		15. MOTHER'S	MAIDEN NAME	MIDDL		LAST	
SRE,	O CAN DE LA		oger			Smiley		Pea			Unkn		
BALTIMOR	S. GIVE PAG WITH FORM WITH FORM I. PAGES I DIVISION O	16a. V (YI	YAS DECEASED EVER	IN U.S. ARMED (IF YES, GIVE WAR		191-07		Mrs.	Mildred		DDRESS	same	above
ORDS, 201 W. PRESTON ST.,	HER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR CATE, WRITING THE WORD" PENDING" IN PENCIL IN ITEM 18. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WORL ACCES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT OF NEALTH AND MENTAL HYGIENE, IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	18 CAUSE OF DEAT PART I DEATH W Conditions, if a gave rise to cause (a) stating lying cause last. PART 2 OTHER SIGHIFICAN	AS CAUSED BY: IMMEDIATE Cony, which immediate the under-	AUSE (o) DUE TO, OR A	rtenos as a conseque as a conseque	CLE & OT NCE OF	SE OR CONDITION GIV		scular	Diseas		NSET AND DEATH
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/ITA	SHOUD ORD 'PE CHIEF N SE USED 'PE	TIF										YES [] NO []
DIVISION OF VITAL RECORDS,	THE WENT THE WOULD BE WANTED BE WANT		210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR		MONTH DAY	YEAR 21c. H	OW INJURY OC	CCURRED (ENTERN	IATURE OF INJURY I	N ITEM 18 PART 1 OR PA	RT 2)	
DIVISI	THIS CERTIF WRITING WARDED TO PAGE 3 SHO TATE DEPAI 21201 PRIC	MEDICAL	21d INJURY OCCURE WHILE NOT AT WORK AT W	WHILE	21e PLACE O STREET, FACTO	F INJURY (AT HO DRY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	со	UNTY	STATE
-	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2		220 I certify that I death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Sauc Franc	iaco isco	Reyes	Suicide	Homicide TITLE (SPEC	ruty medi 10 Seton	Inquiry Permined manner CAL EXAMINE	DATE	11/9	· / 87
	BP	B	JRIAL, CREMATION, RI PECKY) Urial		v. 12, 19		tmore	Land M	em. Fark	CATION DRIOWN Hemp:	~ ~	morel wp.,	and, PA
	DHMH - 17 (VR A15 ME (5))	-	ohn J. H	afer,	Jr. L	aVale,	MD 2	1502	NOV 1 2	registrar 2	Sh. REGISTRAR'S S	IGNATURE	dass

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And the state of artists

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Carriel Nov. 12, 7907 Newscarried No. and Alexand Learning and Committee of the Committee o

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

20 DATE OF DEATH MONTH 11:46P NOVEMBER 4, 1987 & AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR 59

WILLIAM GLEN SPONAUGLE. 4 RACE 5. DATE OF BIRTH MONTH White

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

March 18, 1928 MARRIED W NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH Allegany

13e STREET ADDRESS / ZIP CODE 309 Harrison Street

NOX

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

CITY OF TOWN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Maryland IO CITY OR TOWN OF DEATH CHMBERT.AND

TO BIRTHPLACE (STATE OF FOREIGN

FOR

STATE REGISTRAR

L DECEASED NAME

4 FATHER'S NAME

(TYPE OR PRINT)

Male

3. SEX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

WIDOWED DIVORCED

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Driver - Yellow Top Cab Co.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN Allegany Cumberland Maryland

MIDDLE

YES X NO [15 MOTHER'S MAIDEN NAME Mary

13d INSIDE CITY LIMITS?

Glen IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Yes Korean

FIRST

16h SOCIAL SECURITY NO 213-24-6682

Sponaugle

Rose Sponaudle-Address same as #13 ABOVE.

17 INFORMANT

ADDRESS

Kessell

21502

18 CAUSE OF DEATH (Enter only one cause per line for io), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION

0

morked

MPORTANT.

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY I AT HOME, STREET FACTORY, OFFICE FARM ETC 1

21h. TIME OF INJURY

21L LOCATION

COUNTY STATE

sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE

DEGREE M.D ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MEMORIAL HOSPITAL

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT) DR. SHAMMA

23a, BURIAL, CREMATION, REMOVAL

23b. DATE

202 Greene Street-Cumberland, MD

CUMBERLAND, MARYLAND 231 NAME OF CEMETERY OR CREMATORY

21502

(SPECIFY) Burial

11-8-87 24 FUNERAL DIRECTOR

228.1 certify that (1) (this haspital) attended the deceased from

Glendale Cemetery George-Upchurch Funeral HOme, P.A.

Flintstone-Allegany-Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be

	P .	REGISTRAR			ME ESTERNI	CEKIM	ICATE OF DEATH	REG. N		J 7	0 7
e m£		EASED NAME OR PRINT)	FIRST		AIDDLE		AFFORD	20 DATE OF DEATH	MONTH D		26. HOUR
poge 3	2.554		JOHN		ALTER		AFFORD	NOVEMBER			10:20 F
ge 4 m	3. SEX	Male	W	hite		5. DATE O		68	YRS.	ONTHS DAYS	HOURS MIN.
1 1 2 3	C	THPLACE (STATE OR FO	DREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		_		MD.
11/53		Y OR TOWN OF DEAT	гн 11.	NAME OF H	OSPITAL, NURSII H FACILITY, GIVE STREET D HEAR	T HOS	PITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Ret. West	OF WORKING LIFE	126. KIND O INDUSTRY Pape	F BUSINESS OR
24 hour	13a. S		Allega		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			4
N N N		HER'S NAME			DOL VOIL		15. MOTHER'S MAIDEN N		1)=1		
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s. Pages l	{YI	AS DECEASED EVER IT S, NO OR UNKNOWN)	U.S. ARMED		232360		Mrs. Eloise	Thompson We		ort, M	id. 21562
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hos been signed by the permit Their pleose rem ene prior to buriol, cremows any injury, or other to	TIFICATION	gove rise to imme couse (a), stating underlying cause	ediate the last	voitions co	ENTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON 200. AUTOPSY? YES NOT	20b IF YES,	WERE FINDIN	NGS USED
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or Item 8 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immicouse (o), stating underlying cause PART 2. OTHER SIGN 190. DATE OF OPERATI	ediate 3 the last last lost lost lon	19b. CONDI 21b. TIME O HOUR A.I 21c. PLACE C	ONTRIBUTING TO	DEATH BUT	N WAS PERFORMED	200. AUTOPSY? YES NO	200 MF YES, TN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES	NGS USED OF DEATH?
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hospital or ottending physician. IRECTOR: After this certificate has been signed by the hed for use as the burial-transit permit. Their please remitept of Health and Mental Hygiene prior to burial, cremitem 21 is marked at Item 8 shows any injury, or other them.	CERTIFICAT	gove rise to immicouse (o), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTHEY MEDIC.) 21d. INJURY OCCURRING NOTHEY MEDIC. 21d. INJURY OCCURRING NOTHEY MEDIC. 21d. INJURY OCCURRING NOTHEY MEDIC. 21d. ISON NOTHER NOTHEY MEDIC. 21d. ISON NOTHER NOTH	ediate 3 the last last lost lost lon IDMC ANT CON IDMC A	19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ HOUR A./ 11b. P./ 21c. PLACE ((AI HOME. STR attended the	DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D M. DFINJURY EET, FACTORY, OFFICE, de deceding of from,	DEATH BUT DEATH BUT AY YEAR 19 FARM, ETC)	N WAS PERFORMED 21c HOW INJURY OCCU 211 LOCATION STREET and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	YES NO RRED (ENIER NATURE OF IN)	700 FF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDING CAUSES INT 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) fost causes stated
The hospital or offending physicion. DIRECTOR, After this certificate has been signed by the packed for use as the burial-transit permit. They please rem Dept. of Health and Mental Hygiene prior to burial, crematif them 21 is marked or item? If sharys any injury, or other it	CERTIFICAT	gove rise to immic couse (o), stating underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERATI 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CV 21d. INJURY OCCURRET WHILE NOT WHILE AT WORK 22a. I certify that (1) (sow the decease above, (1) (we) (d)	ediate 3 the last IMCANT CON	19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ P./ 21e. PLACE (AI HOME. STR attended the lew the body	DITRIBUTING TO THON FOR WHICH FINJURY M. MONTH D DFINJURY EET, FACTORY, OFFICE, e deceded from 19 after death.	DEATH BUT DEATH BUT AY YEAR 19 FARM, ETC)	211 LOCATION 211 LOCATION STREET ATTENDING PHYSICIAN 22e ADDRESS	200. AUTOPSY? YES NO RRED (ENTER NATURE OF IN) CITY OR T	OWN AFF	WERE FINDING CAUSES COUNTY and from the	NGS USED OF DEATH? NO STATE that (I) (we) fost causes stoted

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STATE OF MARYLAND T OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DE GEASED NAME KNOWN 2b. HOL ESTI-DEATH MATED 4. RACE 6 AGE (IN YEARS 2d HOUR 3 SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED 6:59 07-19-1916 DEAD Female White 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Allegany USA Pennsylvania DIVORCED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Computer Operat Civil Street - Bel Hardwood Air Cumberland USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. EALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 212 Nelson Drive Houston Warner Robinsyes X NO Georgia HER'S NAME 15 MOTHER'S MAIDEN NAME Blanche Wolfrom Hurricane George 17. INFORMANT ADDRESS Hardwood St. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. YES, NO. OR UNKNOWNI (IF YES, GIVE WAR OR DATES) Cumberland, MD William Staylor -176-10-8011 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Carcinomatosis of Lungs. Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A lying cause last. reasi Cancel PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HE OF PRIOR TO BURIAL, 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Suicide Hamicide Undetermined manner death resulted fram: Natural causes Accident DATE 11-27-87 ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL, CREMATION, REMOVAL 11/29/87 Riverview Cemetery Huntingdon, Huntingdon, PA 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** John J. Hafer, Jr. LaVale, MD 2150 (VR A15 ME (5))

TO CHEET AND A TO 1/2和企 新型 多种(grand) The I win district recommon the Lat - Joseph Conworse C. . Sage tro-to-more multilem stem-or-ove Burdel 11/2/67 Caverylow Cemi Corres Hamblandon, Hamblandon, W. John J. Haist, Jr. Lavele, Mr. 21502015 03 000 Aut. Total .L mice

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH" REGISTRAR DECEASED NAME 20. DATE KNOWN DAY YEAR 7b HOUR MONTH (TYPE OR PRINT) OF ESTI-10:29A NOUR FILES. NOUR FILES. IN 72 HOURS DORIS LOUISE STEWART DEATH MATED 11 - 251987 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR 10:29 LAST BIRTHDAY) PRONOUNCED female. white DEAD 12-17-1925 61 11 - 251987 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Allegany WIDOWED DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Memorial Hospital housewife Cumber land own home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 13b. COUNTY 13r. CITY OR TOWN REC Allegany MD Cumberland 26 Wempe Drive/21502 YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Theodore Allen Jones Lela Utterback 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-6911 Mr. John W. Stewart, Cumberland, MD-husbar no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH MUDCARAGE INFARCTION PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 53 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA YES 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFFE DEATH, WITH THE STATE DEF BAILTINGORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK Inspection M 22a. I certify that I taok charge of the remains described above, held an Autapsy and in my apinian Undetermined manner death resulted fram ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo, M.D. Seton Drive, Cumberland, MD 21502 ADDRESS 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b. DATE COUNTY STATE burial 11-28-1987 Hillcrest Burial Park Cumberland Allegany MD BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** James F. Scarpelli, Cumberland, MD 21502 Dundon- K (VR A15 ME (5) 15M 2/80

STATE OF MARYLAND

24-120 12141

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				STATE 309 DECAT	UR STREET DEPART	MENT OF HEALTH	AND MENTAL HYG	ENE	. 0 0	0 9
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8 1	300			DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
	ě	r, page 3 ter death	,	S.	MAGDALENE	STO	TLER	NOVEMBE	R 27, 987	1:05P M
	moy	o b	3.	SEX	4 RACE	5. DATE OF BIRT		6. AGE (IN YEARS LAST BIRTH		
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- 4	o o	Pop de	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 1	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
	18	100	Section 1	MD	USA		& DIVORCED	ALLEGA	NY COUNTY	MD.
	10	11 1	Market .	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		ER INSTITUTION	120. USUAL OCCUPATIO		OF BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death centricats recording physician. The this certificate has been signed by the attending physician confirm, filled in by as the background physician programmer. The please remove conformables from the filled in by the ond Meurical Internation to build, cremation, or removed or them 18 shows any injury, or other troumatic event, the medical examinant.		Canditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	DUE TO, O	R AS A CONSEQU		cly	Sex	teren	ua			
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TAI RECOI	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AUTOP	SY? 20t	. IF YES, WERE CERTIFYING C	FINDING AUSES (GS USED OF DEATH?
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ITAL OR A by the hosp the hosp e detoched stote Dept NIT: If them		226 SIGNATURE	tE1	de		w	DEGREE 22e ADDRE		MEDICAL DIRECTOR	STAFF PHYSICIAN		DATES	2/87
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STATE OF MARYLAND

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		sow the dec	eased glive ar	ot) view the body	ofter death.	17.01	nd that in (m	(our) opinio	on death occur	rred on the d	ate and h	our and f	rom the	couses st	oted	
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1		22d PHYSICIAN"	S NAME (TYPE	OR PRINT)			22e ADDR	ESS								
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Burial NOV.25, 1967 210.

24 FUNERAL DIRECTOR

NAME

William G. Kight Cumberland,

NOV 30 1987 Julia Dender Landa

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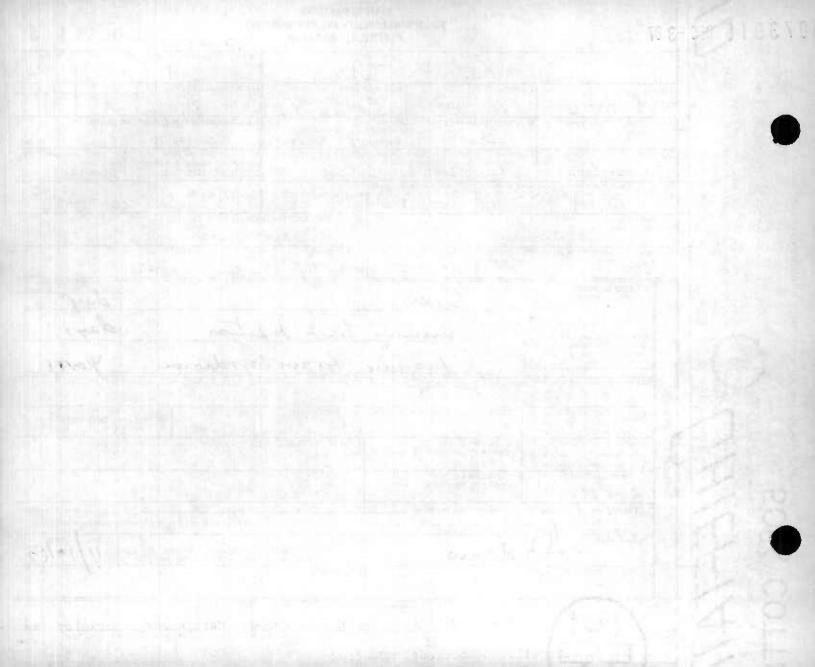
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	SCARPELLI FUNERAL HOME STATE OF MARYLAND 1 - FOR 108 VIRGINIA AVE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
073924 DEC -	REGISTRAR CUMBERI AND. MD 21502 CERTIFICATE OF DEATH 8 / REG. NO.	0 9 2 ONTH DAY YEAR 126 HOUR
poge 3	ADA MARIE TIPTON NOVEMBER	17' 1987 11:11P
7 8 7	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE / IN VEARS LAST BIRTH 0.03 - DAY 9 - 1898 89	DAY FUNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Pogo	76. BIRTHPLACE (STATE OR FOREIGN NO. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED STATE OF WHAT COUNTRY? B. MARRIED NEVER MARRIED DIVORCED ALLEGAN	COUNTY OF DEATH
io) s offer d notified with	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Cumberland 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT PEOF WORK FOR MOST OF V. housewife) housewife	WORKING LIFE) INDUSTRY
BALTIMOHE, MARYLAND 2120: COR De executed within 24 hours COR De la sylvinia 24 hours COR SYLVINIA 25 hours The metricol examines wiss be not		Street/21502
MARYL.	John William Porter 15. MOTHER'S MAIDEN NAME FIRST Ellie Robinette	LAST
IMORE,	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRES (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES) 216226833 Mrs. Betty Jane Knott, B	Baltimore, MD-daughter
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALL NG PHYSICLAN. The low requires than the gamilicantificate sate this certificane has been signed by the offending physician the businel-transit germen. Then please the garg gardon paper th and Mental Hygiene prior to businel, cremation, or removal, sarked or their NB shows days injury, or other traumatic event, the	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the underlying cause last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ITION GIVEN IN PART 110
VITAL RECORDS N, The low requirements been significant costs have been significant. The Hygiene prior to B shows any mile.	YES NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOTE	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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ATTENDI spirel or CTOR. A for use of Heal	22e.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did nat) view the body. Her death. DEGREE 22e.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did nat) view the body. Her death. DEGREE	that (I) (we) last e and haur and from the causes stated
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BP	Burial 11-20-1987 Hillcrest Burial Park Cumberla	
DHMH - 16 50M 1/81 (VRA 15, 4)	James F. Scarpelli, Cumberland, MD 21502 250. Date REC'D. By REGISTRAR 2 NOV 2 3 1987	Julia Dendern Rondale

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					OF MARYLAND			
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os offer of	18 C	Cumberland 11.	(IF NOT IN SUCH FACILI	TAL, NURSING HOME O ITY, GIVE STREET ADDRESS) Land Nursin		17a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V director nursin	VORKING LIFE) IN	KIND OF BUSINESS OR DUSTRY
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rely 2 sh	14. F/	ATHER'S NAME		LAST	15. MOTHER'S MAIDEN NAM			LAST
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BALTIMORE, one be execut ysician and ce ppers. Pages I, val. t, the medical		VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WA	R OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDRES:		
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e a pop		18 CAUSE OF DEATH TEnter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	(og 10), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Drior Prior	CERTIFICATION	198. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	N WAS PERFORMED		IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
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OR ATTEN e haspital DIRECTOR, ached far us Dept. of Hem 21 is	ш	sow the deceased alive on above, (I) (we) (did) (did not vi-	ew the body ofter o		d that in (my) (aur) apinion (death accurred on the date		
7 4 7 4 9 7		27b. SIGNATURE	plone		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		11/19/P7
HOSPII ined by old be old be of the St		224 PHYSICIAN'S NAME THE SAME	wit)		22e ADDRESS			
Sho sho			3b. DATE	23¢ NAME OF C	METERY OR CREMATORY	23d LOCATION		
BP		(SPECIFY) Cremation	11-19-198	87 Rosedal	e Funeral Cha	pel Martins	burg B	erkelev WV
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR			75a. DAT	E REC'D. BY REGISTRAR 2		
(VRA 15, 4)		James F. Scarpel	li, Cumbe	erland, MD	21502	23 1987	the Time	20.



3 1 3 5 NOV 25 87 FOR SCARPELLI FUNERAL DEPORTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND STATE OF	DATE OF DEATH MONTH DAY YEAR 26 HOUR OVEMBER 16 1987 11:35 M GE (IM YEARS LAST BIRTHDAY) BI UNDER TYEAR IF UNDER 24 HRS. BI YRS. WONTH'S DAYS HOURS MIN. ALTIMORE CITY OR COUNTY OF DEATH LLEGANY COUNTY MD. LUSUAL OCCUPATION PEO WORKING LIFE) INDUSTRY POWER Plant SIREET ADDRESS 12309 McMullen Hwy/21502 MIDDLE LAST Engle ADDRESS enkbeil, Cumberland, MD-daughter APPROXIMATE INTERVAL BRIWERN ONSET AND DEATH LEGANY COUNTY STATE (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) CITY OR TOWN COUNTY STATE TO 19 , that (I) (we) last to accurred on the date and hour and from the causes stated TO 19 , that (I) (we) last to accurred on the date and hour and from the causes stated EDICAL STAFF RECTOR PHYSICIAN COUNTY STATE CUMBER LAND MD COUNTY STATE CUMBER LAND MD COUNTY STATE
	0 9 1 4
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
FRANK WILLIAM TRUSSELL NOVEMBER 16.	1087 11:35 M
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FRANK WILLIAM TRUSSELL NOVEMBER 16. 3. SEX 4. RACE 5. DATE OF BIRTH MONTH 5-05-1906 81 YRS.	MONTHS DAYS HOURS MIN.
79 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY	OF DEATH
	ITY MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR E) INDUSTRY
130. STATE 130. COUNTY 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	Hrm. / 21502
14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	nwy/21302
MIDDLE LAST FIRST MIDDLE	LAST
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 100 217-10-0126 Mrs. Mary N. Senkbeil. Cumbe	rland MD-daughte
	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c), PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSE (a) AUTHORITIES (AUSE (a))	BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (d)	
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV	EN IN PART 110
E Congestive heart fairure Preumonia	
4 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES	, WERE FINDINGS USED
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	ART I OR PART 2)
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OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	COUNTY STATE
	19, that (I) (we) last
sow the deceased alive on	r ond from the causes stoted
27b. SIGNATURE DEGREE	224. DATE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN	11-16-81
22d. PHYSICIAN'S NAME [TYPE OF MINT] 22e ADDRESS	215
224 PHYSICIAN'S NAME (11785 PHINT) 226 ADDRESS GARY WAGONER MD 925 BISHOP WALSH DRIVE.	A STATE OF THE PARTY OF THE PAR
236 BURIAL CREMATION REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION	
Burial 11-19-1987 Hillcrest Burial Park Cumberland	
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James F. Scarpelli, Cumberland, MD 21502	dern Rondon

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ORE,	(907)		VAS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFRYO	STBURG	, MD	2193	2		245
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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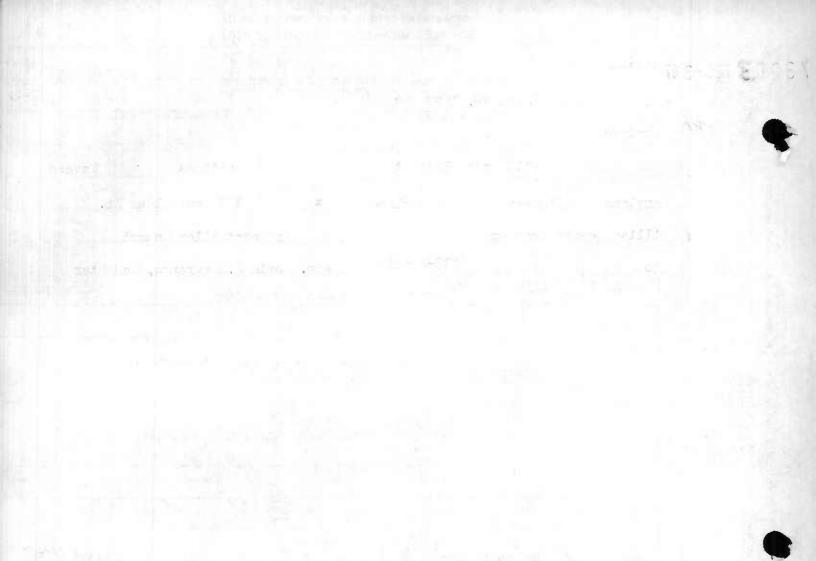
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REGUNO 1. DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTIgLillian IAM DORIS VAN DEATH MATED 11 - 2087 10 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR HTMDM and 3 to the funeral direct than page 5 for your fil oud be filed, within 72 hou eners, 201 w. preston stri IF UNDER 24 HRS DAY 20 DATE 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 240 A 29, 10 87 June 1927 female white 60 DEAD PHETHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Maryland USA Allegany WIDOWED X DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Waitress t Elder St OR INDUSTRY Cumberland West Tavern USUAL RESIDENCE (IF IN NURSING, HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland YEST 113 West Elder St Cumberland 4 FATHER'S NAME C 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST William Edward Crawford Margaret Ellen Emmert IN ITEM 18. GIVE PAGE ALONG WITH FORM SIT PERMIT. PAGES 1.4 In WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO LYES NO OR LINKNOWN 213-22-4164 Mrs. Doris J. Lawrence, Daughter 큼 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY CARDIODULMONAR IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which PULMONARY DeMA gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JRIAL lying cause last. RECORDS, 201 OCAROINE BEHEMIA - INFARCTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 AH CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES [NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21d. INJURY OCCURRED 21. PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN WHILE AT WORK COUNTY STATE PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND: 2 220. I certify that I taak charge of the remains described above, held an Inspection and in my apinian death resulted fram Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 921 Seton Drive, Cumberland, MD 21502 211 TYPE OR PRINT ADDRES: 230. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Hillcrest Burial BP Burial Cumberland. Allegany, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE in Divideon Rendales DHMH-17 James F. Scarpelli, Cumberland. (VR A15 ME (5)) MD 21502 15M 2/80



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STATE OF MARYLAND







STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH R7 REGISTRAR 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) ALBERT October 31, 1987 DAILEY WAGNER 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH white 07-14-1895 male **BALTIMORE CITY OR COUNTY OF DEATH** 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY (STATE OR FOREIGN MARRIED X NEVER MARRIED WV ALLEGANY USA NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OF 18 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) drug store (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 220 Somerville Avenue/21502 Allegany MD Cumberland 15. MOTHER'S MAIDEN NAME A FATHER'S NAME George H. Wagner Clersy Haines ME WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 166 SOCIAL SECURITY NO ITES NO DE UNENOWN 214-05-4187 Genevieve L. Wagner, Cumberland, MD WW I yes 18 CAUSE OF DEATH :Enter only one couse per line for or PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (a) stating DUE TO, OR AS A CONSEQUENCE underlying couse CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY, OFFICE, FARM, ETC)

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)

211 LOCATION

Memorial Hospital Medical Building

COUNTY

STATE

that (1) (we) last

22a.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive above, (1) (we) (did) (did A 77h SIGNATURE

21e PLACE OF INJURY

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) apinion death accurred an the date and haur and from the causes stated

22c. DATE SIGNED

Dr. Ranjithan

230 BURIAL, CREMATION, REMOVAL 23b DATE

11-04-1987

23c. NAME OF CEMETERY OR CREMATORY

Cumberland, MD 21502 23d LOCATION Rocky Gap V/A Cemetery Flintstone.

Allegany MD

19_

DHMH - 16 60M 7/84

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MPORT,

24 FUNERAL DIRECTOR (VRA 15, 4)

Burial

224 PHYSICIAN'S NAME

James F. Scarpelli, Cumberland, MD 21502

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE die Dividion Randall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE FICATE OF DEATH REGISTRAR OFCEASED NAME 20 DATE KNOWN DO OF ESTI-JNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, DEATH MATED 4 RACE IF UNDER 1 YR. 6. AGE (IN YEARS IE LINDER 24 HRS DATE PRONOUNCED Male White DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland USA County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112h KIND OF BUSINESS 7 OR INDUSTRY Ministeri Farmer USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE Allegany 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Frostburg Box 600/21532 Maryland Route YES [NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wampler Mary Dishong 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) No 212-16-8057 Mary M. Wampler - same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). CAL EXAMINER. ALONG WAS BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE MATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION NO THE CHIEF M TE 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural causes death resulted from: A Homicide Accident Suicide Undetermined monner PAGE 4 SHOUN TO FUNERAL DAFTER DEATH, BALLMORE, M ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 12/02/87 Mt. Zion Cemetery Garrett, Maryland Rural 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** John J. Hafer, Jr. LaVale, MD 2150 DE (VR A15 ME (5))

Misco Misco M - 25-04 83 special Promite reg . No. to to 1, No. to 20 Clerty o Morney Manie Maryland Alegeny Prosching x Forte 1, Box 600/24552 William F. Compler dary and Disbons .

Barica 12/6 / W and the Committee Consect, Margiands

John J. McCom. J. Leveley ID 219040 C. O. Mich. L. Mich.

CAL-16-2057 Bary W. Manaler - game edichove

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may , pag	3. SE	(_		RACE	2 3	5. DATE O			GE (IN YEARS LAST BIRTHDAY)		
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NA C		ryland	Alle	gany	Cresap	town	YES NO		.O. Box 501	6 21502	!
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BALT mile to ppers		18. CAUSE OF DEATH	Enter only	y one couse pe	r line for (0), (b)	, and (c).)				BETW	PROXIMATE INTERVAL
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ned Indian		PART 2 OTHER SIGN	ICANT C	DNDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO TE	HE TERMINAL	DISEASE OR CONDITIO	Ņ GIVEN IN PAR	T 1(0)
RDS, 2 equire: n signe Then p r to bur	NO	Lt. Cevel	ovel	wife	mc-	· Insu	D Hara	udent	dialelis.	M. C.C	D.P. D
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certaining physician. Wher this certificate has been signed by the attending os the burial-transit permit. Then please remove contributed mental Hygiene prior to burial, cremation, or recorded or Item 18 shows any injury, or other traumatics.	CERTIFICATION	190 DATE OF OPERATION	NC	19b. CONE	ITION FOR WH	IICH OPERATIO	WAS PERFORMED		INC	IF YES, WERE FIN	ISES OF DEATH?
VITAL R NN: The li hysician. icote has rransit pe Hygiene 18 shaws	ERT	21g. ACCIDENT WAS UNDER	LYING [21b. TIME (OF INJURY		21c HOW INJURY		ES NO	YES	NO [
SION OF VII PHYSICIAN: this certifica the burial Hyd d or frem 18		OR CONTRIBUTING CA									
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ZOIN Cor Se o Smooth		220-1 certify that (1) (t	his hospiti	ol) ottended ti	he deceased fro		22 19	87	to 11-22	. 19.87	, that (1) (we) lost
VITER Spirto CTOR for of H		sow the deceased above, (I) (we) (dia	olive on_	view the body	ofter death.	9 8 7,00	d_that in (my) (our)	opinion death	n occurred on the date or	nd hour and from	the couses stoted
OR A DiRE DiRE Dept	- 20	226. SIGNATURE		10	177		DEGREE	101110 14	TALES	22¢ D	ATE SIGNED
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of o		SURIAL, CREMATION, RE	MOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREM		3d LOCATION	COUNTY	STATE
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DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR GE	orge	-Upchur	ch Fune	aral Hom	e, P.A.	25a DATE REC	C'D. BY REGISTRAR 256 R	REGISTRAR'S SIG	NATURE
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STATE OF MARYLAND

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11	401 NOV	0	87 REGISTRAR			ICATE OF DEATH	8 7 _{REG. NO.} 3	0 9 2 1
			ECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	mo r. po	3. 5	εx	4 RACE	5. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS
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	1 21/2	/	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR E) INDUSTRY
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST;. BALTIMORE, MARYLAND 2	1 100 10		FATHER'S NAME William	Goody	vin	15. MOTHER'S MAIDEN NA Hadie	WE	Waxler
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	DHMH - 16 60M 7/84		FUNERAL DIRECTOR	EMILES	ADDRESS	² NOV	BY BEGISTRAR 256. REGIST	RAP'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH? REGISTRAR DECEASED NAME 20. DATE KNOWN FT (TYPE OR PRINT) OF ESTI-Nov. 4, 87 Rhoda Whitman 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED Nov. Apr. 13, 1919 6 DEAD Female White a M 68 YRS TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FORFIGN COUNTRY) Allegany MD USA WIDOWED THE DIVORCED IS CITY OF TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Coning Emp. Fiber Co. Cumberland Rear Marion St 3a STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5 Rear Marion St. 21502 Cumberland NO [Allegany 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Clarence Miller Amelia Reichert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES. NO. OR UNKNOWN) Josephine Parker Cumberland, MD No 217-10-1480 18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c). APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMFDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUR YES NO E 3 SHOULD BE 71a EXTERNAL CAUSE WAS 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 0 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE SIT, BALITIMORE, MARYLAND, 2 InspectioXX 220. I certify that I took charge of the remains described above, held an ond in my opinian Natural couses Homicide L deoth resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL Deputy DATE SIGNED 11/4/87 SIGNATURE 21502 EXAMINER'S NAME Francisco Reyes. M. ADDRESS 900 Seton Dr. (TYPE OR PRINT) Cumberland 230 BURIAL, CREMATION REMOVAL 236 DATE 23d. LOCATION Burial Nov. 7. 1987 Greenmount Cumberland 07/84 BP 25M 74. FUNERAL DIRECTOR William G. Kight Cumberland **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 071641 NOV 13 B7 STATE REGISTRAR CERTIFICATE OF DEATH LAST I. DECEASED NAME YEAR 2h HOUR (TYPE OR PRINT) Nettie Wills 1987 A. Nov. :00p M 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX IF UNDER I YEAR DAY 1908 HOURS Female White Aug 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Allegany WIDOWER DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) Cumberland B Camden Ave. Ret.Manager Food Service DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a, STATE 13b, COUNTY 13c, CITY OR TOWN 13e. STREET ADDRESS MD Allegany 805 B Camden Ave 21502 Cumberland YESXX 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIOOLE FIRST David Crawford Albright A. M. Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) THE YES GIVE WAR OR DATEST 214-07-4138 No Charleston Mary APPROXIMATE RITERVAL 18 CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR ASM CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 9a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NOL YES [NO [Hygi 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e PLACE OF IN IURY 211. LOCATION morkedor (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on. and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not weet the body after death 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE SPECIFY) COUNTY Burial F.Cumberland Allegany MD 250. DATE REC'D BY REGISTRAR 256. RYGISTRAR SIGNATURED JUNE 1 2 1007 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 William G. Kight Cumberland, MD (VR A 15 (4))

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1 259	DHMH I		4 FUNERAL DIRECTOR		ADDRESS			250 DATE	REC'D BY RECUSTE	RAR 756. REGIST	RAR'S SIG	3	
	(VR A15 ME (5)))	Allen I	Rotruck	Keyse	r, W.	Va.	NOV	44 1901	Julia Di	(and ()	Kendal	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2h HOUR LIVEE OF PRINTS 07240 8 NOV 19 87 MMI Fred Winebrenner 1987 November RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male White 1911 Mav BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Allegany O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Frostburg Frostburg Nursing Janitor Board of DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13e STREET ADDRESS Allegany Savage Maryland Dutch Hollow Rd., 21545 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Winebrenner Minnie Sweene 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-01-012 Smith. Frostburg. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost CERTIFICATION 190 DATE OF OPERATION WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from ppinion death occurred on the date and haur and from the causes stated above, (If we) (did) (did not) view the body after deat DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN C PORTANT 27d PHYSICIAN'S NAME INVESTIGATION 77e ADDRESS ould be Chang Oh. Terrace. Frostburg 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE COUNTY BP Methodist Cemetery Mt. Savage. Allegany . Md. Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Durst Funeral Home. Frostburg, Md.

STATE OF MARYLAND

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	ctor,		Male	White		MONTH	DAY YEAR	86	YRS.	MONTHS DAYS	HOURS MIN.
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AND 213	full in a 24 hou	13a. S	MD A1	te or other institution. DUNTY legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Cumberl	and Y	I. INSIDE CITY LIMITS?	130. STREET ADD	RESS edford S	St. 2	1502
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	ow requires that the death certifica been signed by the ottending physmit. Then please remove corbon poppior to buriol, cremotion, or remove only injury, or other troumotic event,	TION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAL 19a DATE OF OPERATION	DUE TO, OI	R AS A CONSEQUE	NCE OF		AINAL DISEASE OI		EN IN PART 10	
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STATE OF MARYLAND

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10 CITY C	R TOWN OF DE	ATH	1. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND O	F BUSINESS
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USUAL RI 130. STAT M	SIDENCE (IF NUR D	136 COUNT	other institution ty egany	13c. CITY OR TOW Cumber	N .	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE Industr:	ial Bl	vd./21
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22d	PHYSICIAN'S N	AME (TYPE OF	relyd ;			22e ADDRESS			-	
	Dr. Gup	ta 💆	Υ			69 Greene St	t., Cumberl	and, MD	21502	
23e BURI	AL, CREMATION		236 DATE	23c. h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
(SPEC			11-3	0-1987 D	21110	Memorial Cem.	Carolina - 1	and Al	COUNTY	STAT
24 FUNE	RALDIRECTOR		1 11 7	0 100/1 D	avis				legany R'S SIGNAT	
	NAME	Scarne	11; C	umberland	MD	0.5	C 0 3 1987.	Julia Da	vidson-1	ondell

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